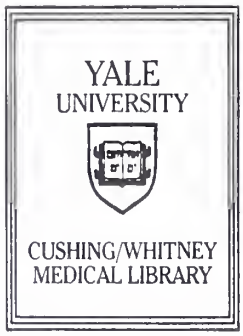
MEDICINE AND MOTHERHOOD: SHIFTING TRENDS AMONG FEMALE PHYSICIANS FROM 1922-1999 AT YALE UNIVERSITY

Ruth A. Potee

YALE UNIVERSITY

1999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MEDICINE AND MOTHERHOOD: SHIFTING TRENDS AMONG FEMALE PHYSICIANS FROM 1922-1999 AT YALE UNIVERSITY

A Thesis Submitted to the
Yale University School of Medicine
in Partial Fulfillment of the Requirements for the
Degree of Doctor of Medicine

by

Ruth A. Potee

Yale School of Medicine 1999

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Purpose. Rising numbers of women in medicine, changing roles of men within the family, and alterations in the delivery of healthcare continue to shape the interaction between medicine and motherhood. The objective of this study was to examine patterns of work and family among female physicians over the past 80 years

Methods. A questionnaire was mailed to all female matriculants to Yale University School of Medicine from 1922 to 1999 (n=863). The survey included questions regarding personal and professional demographics, career satisfaction, child-rearing, childbearing, and role-conflict assessments.

Results. The average age of female medical school matriculants has increased over the last eighty years. Eighty-two percent of women over forty were mothers and 18% were not. Half of those with children had their first child prior to the completion of medical training. The amount of time taken by women for maternity leave has increased over the last eight decades, although the level of satisfaction with length of leave has dropped. On average, 1.8 providers, in addition to the mother, cared for the children for ten or more hours each week. Female physicians without children were more likely to be in surgical specialties, less likely to be in primary care, and more likely to work full-time than their female colleagues with children. Two-thirds of women with children believe that being a mother has slowed their career progress.

Conclusion. The conflict between parenting and doctoring arises earlier in medical training for graduates in the latter half of this century. The rigidity of medical school and residency training is in contrast to the relative flexibility of the practice of medicine, at least outside academia. We conclude that more changes are necessary in the training of doctors and practice of medicine which place greater emphasis on honoring one's family responsibilities while a physician.

ACKNOWLEDGEMENTS

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This thesis is dedicated to my husband, Steve, and son, Benjamin.

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INTRODUCTION

In a survey conducted by the American Medical Women's Association in 1990, the primary concern of its members was the balance between maternity and medicine.[1] A survey of female physicians in training and practice today would likely yield similar results – conversations among women in medicine are less likely to be centered on sexual harassment or an absence of female role models than it is on the conflict between family and medicine.

The relationship between mothering and doctoring was of no less concern to the medical establishment early in this century, albeit for less benevolent reasons. It was argued that women were a "poor investment" of scarce medical resources because they were more likely than their male counterparts to abandon the medical profession in favor of raising a family.[2,3] Working less than full-time was also an anathema to medicine. According to Judith Mandelbaum-Schmid, "medicine was seen by many as kind of a priesthood – a part-time priesthood seemed unacceptable."[4] Both women and men subscribed to this view. In 1894 in the *Women's Medical Journal*, Dr. Gertrude Baille wrote "the reason why so many women physicians did not marry was because they know 'no woman can serve two masters'."[5] Her argument was that when professional women had a family, there was an inevitable conflict between the two roles, and "either her work or her family will feel the neglect." These and many other arguments were utilized by mainstream allopathic medicine in the campaign to prevent women from receiving the same training as men.

In the 1880's, a group of wealthy women conceived of a plan in which they would purchase women's acceptance to medical school. A half-million dollars was raised in

cities along the Atlantic coast (including $306,977 contributed by a single donor, Mary Elizabeth Garrett, from Baltimore) and given to the financially beleaguered Johns Hopkins University with the stipulation that women be admitted to their new medical school on the same terms as men.[6] This plan followed nearly half a century of unsuccessful applications made by women to Harvard Medical School, including the first female applicant in 1847, Harriot Hunt.

Hopefulness abounded for women who wished to pursue a medical degree in the early part of the twentieth century. The strategy was to gain acceptance for women into the male-only medical institutions. Three of the four medical schools in Boston (Tufts Medical School, the College of Physicians and Surgeons, and the homeopathic Boston University) had become open to women. In 1916, a well-connected and creative Yale economics professor by the name of Henry Farnam wrote a letter to Yale University president, Arthur Hadley: "Word has reached me informally that the faculty of the Medical School are willing to admit a limited number of women provided they are graduates of a college and provided funds can be raised to put in a suitable lavatory" (Addendum 1). He offered $1,000 to meet the expense of the women's bathroom and thus ensured entry of women to Yale University School of Medicine. His daughter, Louise Farnam, then a PhD candidate in physiological chemistry at Yale, was one of three women to begin medical school in New Haven that year. She was awarded on graduation the highest academic award in her class.[7]

Optimism ran so high during this period that the women-only schools of medicine that had been established in the mid to late 19th century were seen to be superfluous. Fourteen of the seventeen female medical colleges had closed down or been absorbed by

men's medical schools by 1909 (Addendum 2). Yet only half of the nation's medical schools accepted women and unofficial but stringently adhered-to quotas existed. Ironically, then, as women's hopes increased, their quantitative opportunities to receive a medical degree were decreasing. Yale's "limited women" policy translated to between one and five women in a class, with the majority of classes having no female matriculants. Mary Roth Walsh's book *Doctors Wanted: No Women Need Apply* describes the situation at Northwestern:

> Northwestern University Medical School admitted women in 1926 as a result of Mrs. Montgomery Ward's casual inquiry, after her gift to Northwestern's endowment fund, as to whether the school admitted women. Unwilling to take any chances on Mrs. Ward's possible feminist sympathies, the university quickly decided to admit women and was rewarded handsomely when she doubled her original gift. But the school limited the number of women to just four in each class. The university justified the number, which remained in effect with few exceptions until the 1960s, with the explanation that four was the number necessary for a complete dissecting team.

Acquiring a medical education was only the first in a succession of hurdles faced by women. Ninety-two percent of hospitals in 1921 did not accept women interns, regardless of the excellence of their medical records. By the 1930's there were 250 female medical graduates nationwide competing for 185 internship positions. At the same time, according to Walsh, "the 4,844 male medical graduates could choose from among 6,154 internship opportunities available to them."[8]

The unspoken limit placed on the number of women who could become physicians in the United States remained static for most of the twentieth century. A female Yale alumna from the 1930s recalled the following: "Over 50 years ago when I started medical school, our class had 3 women and 57 men. Although there was some open denial about "quotas" in medical schools at the time, there were rarely more than 5% women and 10%

Jews in most classes. I remember two Japanese-Americans in the class just ahead of me and one Afro-American a couple of years after me."

A sharp incline of female matriculants is seen in the 1940s when World War II diminished the applicant pool, leaving schools scrambling for qualified applicants, regardless of gender (Addendum 3). In 1942 and 1943, Harvard Medical School was accepting men who were less than seventeen years old and who had completed only one year of college in order to fill their rosters. A committee appointed to study the issue in 1944 voted unanimously to end their all-male tradition and supplant the pool of "mediocre men" with "superior women." [6] Twelve women graduates of four year colleges, ranging in ages from twenty-one to twenty-seven, entered in the autumn of 1945.[9] A graduate of Columbia Physicians and Surgeons during this time, Helen Ranney recalls, "When the war broke out, all the able-bodied men joined the military. Columbia's scholarships became available for anybody who needed them and was not in the armed forces. It would have been a different story if it weren't for the war."[10]

Changes within hospital training programs were also occurring. In 1942, the *New York Times* reported: "Hospitals are hanging out the welcome signs to women physicians these days. Fledgling women doctors, once excluded…are now being snapped up as fast as the ink dries on their diplomas." Hyperbole aside, Mary Roth Walsh writes that the number of intern slots available to women had increased 400% between 1941 and 1942: "By January 1942 there were 2,392 unfilled intern slots in the civilian hospitals across the nation."

The demands of war created tremendous professional opportunity for women throughout the nation. The return of peace, however, heralded the regression of many of

women's advances within the traditionally male professions.[11] The number of female matriculants to medical school quickly returned to pre-war levels (Addendum 4) and as recently as 1969-1970 Medical School Admission Requirements published by the Association of American Medical Colleges had entries from four schools who openly expressed a preference for male applicants.*

Title VII of the Civil Rights Act of 1964 made admission limits on women and minorities illegal. Although no medical school acknowledged publicly to have such quotas, stagnant admission figures for women, despite increased numbers of applications, led many to believe that women were being systematically blocked from medical school. In 1970, the Women's Equity Action League (the legal branch of the National Organization for Women) filed a successful class action suit against every medical school in the country to compel compliance with the 1964 Civil Rights Act.[12] Between 1969 and 1974, the number of female matriculants more than tripled. Enabling this rapid influx of women was a federal report which declared that in order for the health needs of the nation to be met, medical schools would have to graduate 50% more students by 1975.[13] The Health Manpower Act of 1971 provided financial incentives for medical schools to increase class size. Of the 2,000 additional spaces in medical schools created in the 1970s, almost 1500 went to women.[7] The following chart documents the rapid alteration in medical school demographics that began thirty years ago (Table 1):

*The four medical schools were Albany Medical College, Yale University School of Medicine, Loyola Medical School, and Emory University Medical School

Table 1. Female Matriculants to American Medical School 1959-1996

Year of Matriculation	Enrollment Number	Percent
1959-60	494	6.0
1964-65	786	8.9
1969-70	952	9.2
1974-75	3260	22.3
1979-80	4713	27.8
1984-85	5715	33.6
1987-88	6098	36.5
1990-91	6550	38.8
1995-96	7351	43.2

Data are from AAMC Section for Student Services and Medical School Admissions Requirements 1997-1998. Washington, DC: Association of American Medical Colleges, 1997.

Forty-three percent of medical students today are women.[14] In 1998, Yale, Harvard, UCSF, and Johns Hopkins medical schools had graduating classes originally composed of over 50% women, three for the first time in history (UCSF graduated their first majority female class one year earlier). Residencies are currently composed of nearly 35% female residents, and the AMA predicts that one-third of all physicians will be women by the year 2010 (as compared to the current 21. 3%).[15]

Radical demographic shifts do not ensure radical alterations in institutional policy. Women who entered medicine over the century were not inherently different from their peers who did not enter medicine. These future doctors still shouldered the burden of childbearing, childrearing, and other domestic responsibilities. It is believed, anecdotally, that women who entered medicine in the early half of the century had to choose between a

career in medicine and a life as a wife and mother. However, statistics show that female physicians were more likely to be married than other college-educated women of their generation.[16]

In the early writings of Mary Putnam Jacobi, a physician and educator in the late 19th century, she "outlined what she believed was a workable plan for aspiring women physicians. The woman would begin her medical studies after her college degree at the age of twenty-two and would be ready to practice at twenty-seven, marrying at that time or a year later. Her children would be born during the first years of marriage, a period when her newly established practice made relatively few demands on her time".[17] Many components of her formula, clearly, could not have been easily duplicated then nor are they easily duplicated now.

Empirical studies tracing some of the unique challenges women face as both physicians and primary caretakers of the family have appeared intermittently over the last twenty years in the medical literature. They have established both basic demographic data and have provided a more subtle analysis of women doctors at work and at home.

Some of their findings included the following: Three-quarters of female physicians and 93% of male physicians are married.[18] Nearly all married female physicians (90%) have spouses who are also professionals, including 45% who are married to other physicians. In contrast, 55% of married male physicians have wives who do not work outside the home and only 10% have wives who are doctors.[19] The gender disparity is apparent – and important – at this most intimate domiciliary level. A comparison of women physicians in dual-physician relationship in contrast to women physicians in other dual-career relationships was published in 1992 by Bonnie Tesch and others at the Medical

College of Wisconsin.[20] Among other things, she found that women doctors who were married to other physicians assumed significantly more domestic responsibilities and were more likely to interrupt their careers to accommodate their partners careers than were women doctors who had non-medical spouses.

It is also apparent that women who become physicians do not forego childbearing in greater numbers than other women. Nearly 85 percent of women in the medical profession who have been married are mothers.[21] Of the female physicians who have children, almost one-half of them had their first child before or during residency training.[22] Two large studies have looked at issues relating to pregnancy during graduate medical education. The first was published by Sayres et al in the *New England Journal of Medicine* in 1986.[23] That group studied 56 pregnancies that had occurred during a ten year time period within 63 separate Harvard-affiliated residencies. This paper made several observations and recommendations: every program should have a maternal leave policy in place; women should not feel so pressured that they are unable to take the "needed" time with their infant; and many programs need a better readiness plan to manage any number of resident illnesses and crises.

The second study, by Sinal, Weavil and Camp in 1988, looked at the timing of pregnancy during a medical career.[24] They also found that nearly half of pregnancies occurred before or during residency training although 70 percent of respondents said that the best time to become pregnant was after the completion of training. Included in their paper was a discussion of the unusually high levels of stress (including increased rates of divorce and suicide) during the years of career development and early childrearing for women physicians.

With regard to graduate medical training, Janet Bickel, Director of Women's Programs for the Association of Academic Medical Colleges and frequent commentator on the status of women in medical training, has written two successive review articles. The first paper surveyed each member of the AAMC's Council on Teaching Hospitals in 1989 and revealed that only 52% of residency programs had a maternity or parental leave policy in place.[25] An update of the survey in 1995 proclaimed great progress since almost three-quarters of the programs had written policies on maternity or parental leave.[26] The problem with the survey is that less that 45 percent of the programs responded, raising questions of the generalizability of this data. Most institutions relied on a combination of sick leave, vacation, and short-term disability to compile a continuous maternal or parental leave.

Some important and conflicting studies have assessed the impact of medical training on the well-being of the fetus and the mother. The most substantial article was published in the *New England Journal of Medicine* in 1990 in which the outcomes of pregnancy for 4400 female residents was compared to the outcomes of pregnancy for 4200 wives of male residents (who were not physicians).[27] Klebanoff, Shiono, and Rhoads were attempting to separate the effects of stressful work conditions from socioeconomic class. They found no difference in the rates of miscarriage, stillbirth, ectopic pregnancy, pre-term labor, or small for gestational age infants. They did find a three-fold increase in the rate of voluntary termination of pregnancy amongst residents as compared to non-residents.[28] There was also a significantly higher risk of per-term labor if women residents worked more than 100 hours per week. Three other studies, much smaller and only one controlled, demonstrated that complications of pregnancy did occur

more frequently in female physicians, including increased rates of pre-term labor, small for gestational-age infants, and maternal hypertension.[29,30,31]

The subject that has received the widest amount of attention in the body of literature on female physicians and family life has been the experiences of women in academic medicine. An article written by Bickel in the *New England Journal of Medicine* in 1988 catalogued the changing demographics of women at every level of an academic medical institution.[32] Within the article, she showed the distribution of women along the tenure track and discussed its change over time. She also documented slight increases in the number of women appointed to high administrative positions at medical schools over a ten year period and compared research grants given to male scientists and female scientists. Overall, she concluded that the number of women on medical school faculties rose in the 1980s but that women were not found in increased proportion in the highest levels of academia.

In another article the following year, Levinson, Tolle, and Lewis looked more closely at the balance between career and family in the *New England Journal of Medicine*.[33] They studied 860 women who were full-time faculty members in departments of internal medicine throughout the country. This study looked at length of maternity leave, duration of breastfeeding, presence of role models, and job satisfaction. They found that difficulties experienced by women in academic medicine included the following: timing of childbearing, length of maternity leave, concerns regarding childcare, and difficulty being productive academically. Overall, they concluded that it is difficult but possible to combine a career in academic medicine with raising a family, although most of their study participants believe that their careers had been slowed.

Six years later, in 1995, a large study which assessed promotion of women within medical academics was published. Tesch, et al compared men and women first appointed to medical school faculties between 1979 and 1981.[34] They found that 59% of women compared with 83% of men had achieved associate or full professor rank. They did not find any association between number of children or marital status in predicting rank achievement. Women worked fewer hours per week and had fewer publications, on average, than the men. However, even after adjusting for these productivity factors, women progressed more slowly through academic ranks than men.

The most recent examination of the relationship between family and a career in academic medicine was published in the *Annals of Internal Medicine* in 1998. This study, by Carr et al, looked at men and women across departments in 24 medical schools.[35] The end-point of this study was to examine the relationship between family responsibilities and academic productivity as measured by number of articles published. They found that women with children were significantly different from women without children and were significantly different from men, both with and without children. Academic physician mothers worked fewer hours per week, had more domestic responsibilities, received less research funding, had less institutional and technological support, published fewer papers, and were less satisfied with their careers than any other group. Included in the discussion was the point that, although women published fewer papers, the citation rate of their papers in the literature was significantly greater than that of men, thus raising the point that quality and not quantity of publications might be an additional standard by which academic success might be measured.

This review of the literature shows that the entry of women to medicine in greater numbers has increased the urgency of assessing issues relevant to women physicians. These include the following academic and family-related issues (often intertwined): promotion of women in medical academia, institutional policy of parental leave, timing of childbearing, and complications of pregnancy in physicians. Until now, no study has conducted a retrospective analysis looking at career and family choices over time.

Statement of Purpose

The objective of this study is to provide a profile of women in medicine and the professional and personal choices they have made over the course of the century. The study intends to focus on the complex interaction between medicine and motherhood by surveying the female graduates of Yale University School of Medicine from 1922 to 1999. This study provides a unique perspective on the changes, continuities and patterns over time in professional and family characteristics of female physicians. It goes beyond previously published research by encompassing female physicians over an 80-year period, including physicians both with and without children.

METHODS

Study Participants

A list of all living female graduates from the Yale University School of Medicine was obtained from the Office of Alumni Affairs (N=863). The oldest living graduate earned her degree in 1922 and the youngest in 1998. The survey was distributed to every female graduate and, in addition, to current fourth-year female medical students graduating in 1999. The earliest two classes graduating women (1920 and 1921) were not able to be represented in this study.* The Office of Alumni Affairs maintains a database of contact information (i.e., addresses) on all individuals who matriculate at Yale, and this database is updated annually. The alumni office estimates that more than 90% of all living alumni are represented on their database.

Questionnaire Design

An 11-page questionnaire was composed of 153 questions, divided into four sections (Addendum 5). Some measures were adapted from instruments utilized by Levinson in 1989 and Barnett and Marshall in 1992.[36] The first section, completed by all participants, requested general demographic data including specialization, practice environment, work hours, marital status, spouse employment, spouse work hours, ethnicity, income and parenthood status. The second section was completed by those women who neither had nor intended to have children. This section included questions

*According to a Yale Thesis by Susan Baserga YMS '84, the first women to attend Yale and graduate in 1920 were Louise Whitman Farnam (Vassar '12) and Helen May Scoville (Wellesley '15). The class of 1921 graduated Ella Clay Wakeman (Wellesley '16) who eventually went on to serve as the Director of Public Health in Bethany, CT for twenty-six years.

regarding the effect that various stages of medical training had on childbearing decisions and a Likert-scaled assessment of reasons for not having children and its effect on professional development. The third section was completed only by those women who plan to have children but were not yet mothers. Questions included number of planned children, timing of childbearing, maternity leave, and child care. In addition, this section evaluated reasons for postponing motherhood. The fourth and final section of the instrument was completed by women who had children. This section posed questions of length of maternity leave, timing of childbearing, child-care, satisfaction with child-care, and satisfaction with length of maternity leave for each of the three eldest children. Questions about the effect of child-rearing on professional development and the rewards and concerns of the interaction between motherhood and medicine were assessed with Likert scales.[32] Each of the final three sections was followed by open-ended questions regarding life as a woman and a physician. This included questions focusing on balance between career and family, helpful advice received or given, and concerns regarding delayed childbearing during medical training. The instrument was pretested for comprehension and feasibility among a group of ten female physicians and physicians in training.

Questionnaire Administration

A letter of introduction and invitation to participate was mailed to all potential participants. Two weeks later, the survey instrument was mailed via first-class mail with a cover statement and a stamped, addressed return envelope. Four weeks later, a reminder card was sent to all who had not responded. A second questionnaire was mailed to all non-respondents six weeks after the initial instrument had been mailed. All participants

received a letter of receipt and gratitude. Each questionnaire was coded to protect confidentiality. No telephone follow-up was done.

Method of Analysis

Data from the returned surveys were tabulated and statistically analyzed using the Statistical Package for Social Sciences (SPSS version 8.0). Frequencies and mean values, where appropriate, were calculated for responses from all four sections of the survey. These values applied to all women surveyed, only those with children, only those women who planned to have children, and only those women with no plans to have children, depending on the section of the survey. Frequencies of responses to questions answered by women with and without children were compared using chi-square analyses and Fisher's exact test for significance. Trends of responses over time were tested by calculating a Pearson correlation coefficient with year of graduation and/or by performing a chi-square analysis by decade of graduation. Chi-square analyses were also used to test for associations between answers to specific questions and the age of the respondent at birth of the first child and the respondent's stage of medical training. For analyses involving questions rated on a four-point Likert scale, answers were collapsed into agreement (labeled "agree" or "strongly agree" for some questions, and "considerably" or "extremely" for others) and disagreement (labeled "disagree" or "strongly disagree" for some questions and "not at all" or "somewhat" for others). Answers to questions involving length of leave and stage of medical training were collapsed as needed to enable meaningful statistical analyses. Of the surveys returned, less than 1 percent of questions that were analyzed were left blank; therefore no attempt was made to substitute or analyze missing data.

RESULTS

The initial mailing involved 863 surveys of which 17 were returned as undeliverable, leaving a sample size of 846. This mailing plus one follow-up mailing to non-respondents yielded a response rate of 70%. Of the 592 surveys returned, 6 were incomplete or incorrectly completed, leaving 586 surveys available for analysis. The response rate showed no significant difference among decades (Table 2).

Table 2. Survey Response Rate by Decade

	Number of Female Graduates each Decade	Number Responding to Survey (%)
1922-1949	44	30 (68.2)
1950-1959	33	23 (69.7)
1960-1969	43	31 (72.1)
1970-1979	112	76 (67.9)
1980-1989	220	146 (66.4)
1990-1999	406	280 (68.9)

Demographic Characteristics and Female Physicians: Changing Trends Over Time

Demographic data, including race, decade of graduation, marital status, parenthood status, and number of children, are shown below in Table 3. The respondents reflect the distribution of female graduates from Yale School of Medicine over the past

eight decades. Prior to 1970, an average of 4.1% of a medical school class was female. In the 1970's and 1980's, the average medical school class had 24.5% and 34.8% women, respectively. The 1990's medical school classes had an average of 47.9% women, including the first two majority-female classes (56% in the class of 1998 and 57% in the class of 2000). The following chart summarizes the rise of women at Yale over time (Figure 1).

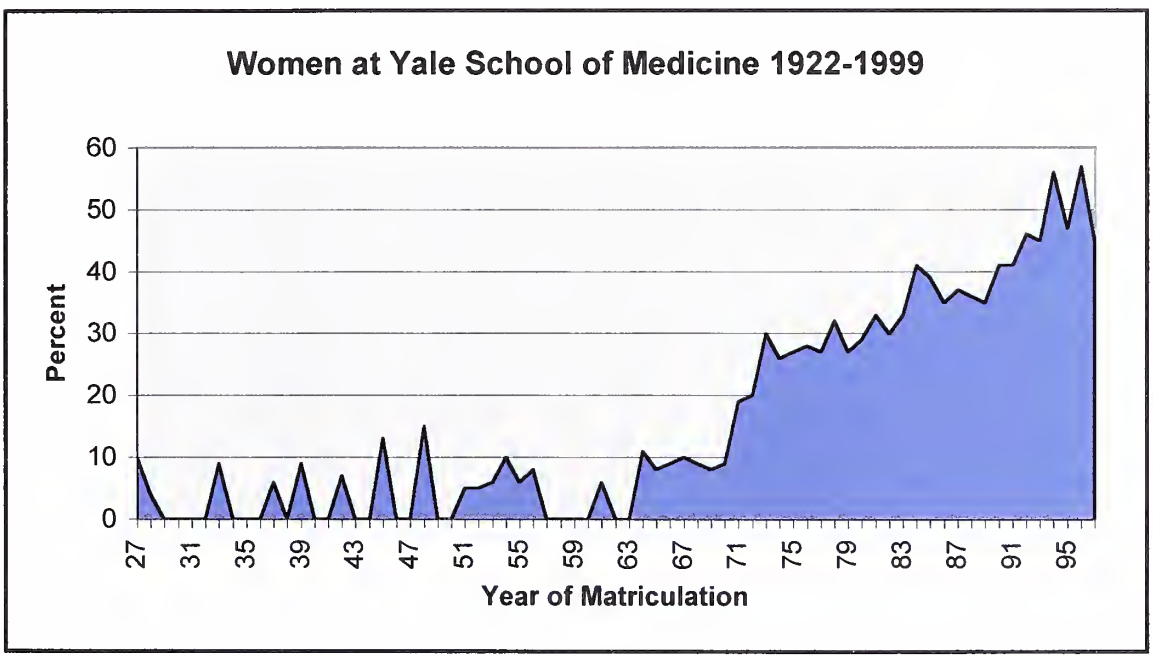


Figure 1

Table 3. Personal Demographics of Female Medical School Graduates 1922-1999 (N=586)

Characteristics	Percent of Total Respondents	(n)
Decade of Graduation		
1922-1949	5.1%	(30)
1950-1959	3.9%	(23)
1960-1969	5.3%	(31)
1970-1979	13.0%	(76)
1980-1989	24.9%	(146)
1990-1999	47.8%	(280)
Race or Ethnicity		
White	78.8%	(462)
Asian	9.9%	(58)
Black	7.3%	(43)
Hispanic	2.9%	(17)
Native American	0.4%	(2)
did not answer	0.7%	(4)
Marital Status		
married/partnered	61.5%	(360)
single	29.7%	(174)
divorced/separated	5.6%	(33)
widowed	3.2%	(19)
Children		
Yes	48.5%	(284)
No	11.3%	(66)
Planning To	40.2%	(236)
Number of Children (for those with children, N=284)		
1	22.9%	(65)
2	46.1%	(131)
3	22.5%	(64)
4 or more	8.5%	(24)

The mean age of respondents was 41.3 years, with an age range of 23 to 104 years old (SD=14.32). The majority of respondents were White (78.8%); 9.9% were Asian; 7.3% Black; and 2.9% Hispanic. Sixty-one percent were married or partnered, 30% never married, and less than 10% divorced, separated, or widowed. Of the married or partnered respondents, 47.8% were married to other physicians. Greater than 75% of the spouses, regardless of profession, worked more than 40 hours per week. Nearly one-half (48.5%) of the respondents had children, 11.3% had no children and were not planning to have children, while 40.2% did not yet have children but were planning to in the future. Of those with children, the mean number of children was 2.19 (S.D.=0.95).

There is a statistically significant association between year of graduation and age of matriculation to medical school ($R=0.21$, $p<0.001$). The average age of entry to medical school has risen over the century. More than one-third of all female medical school matriculants in the last two decades entered at the age of 24 or older, having taken at least two years between medical school and college. Prior to 1980 only 17.5% of all female medical school matriculants were 24 or older (Figure 2 & 3).

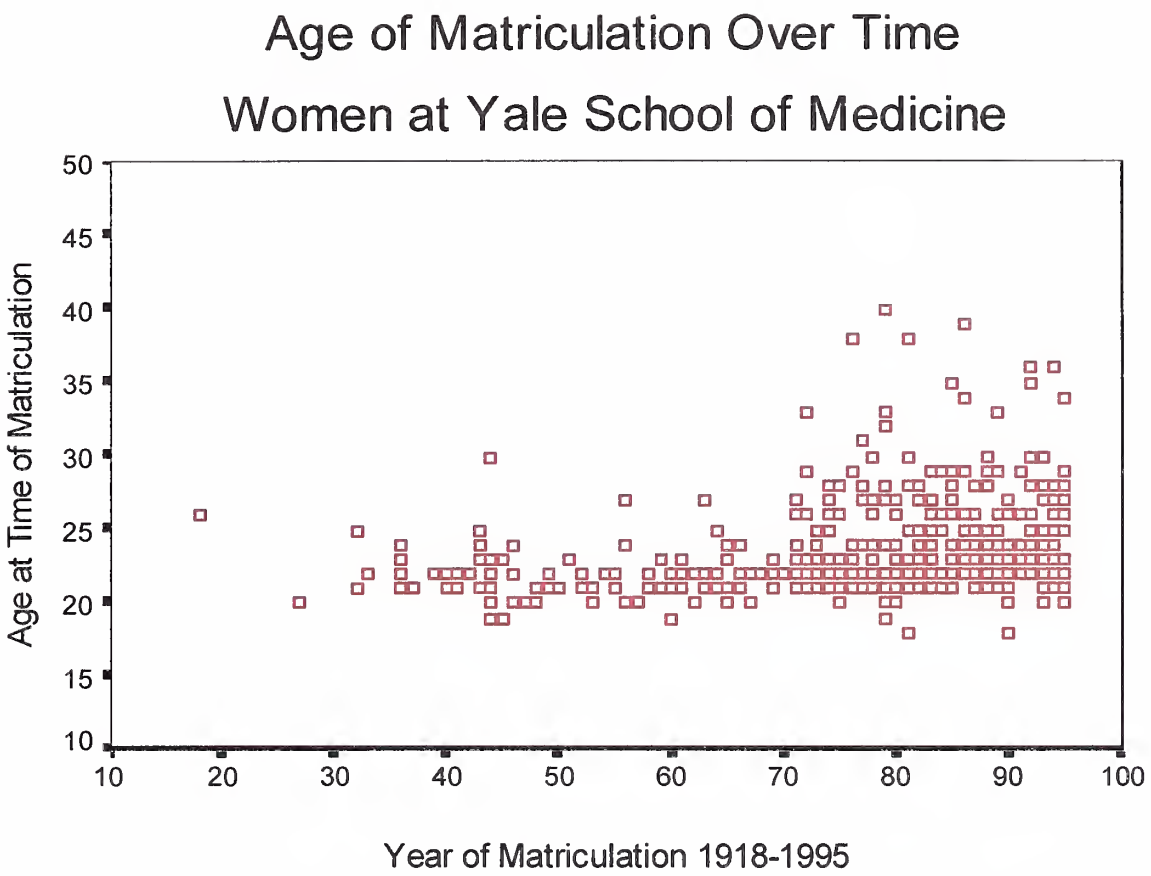

Age of Matriculation Over Time
Women at Yale School of Medicine
Age at Time of Matriculation
50
45
40
35
30
25
20
15
10
10
20
30
40
50
60
70
80
90
100
Year of Matriculation 1918-1995

Figure 2

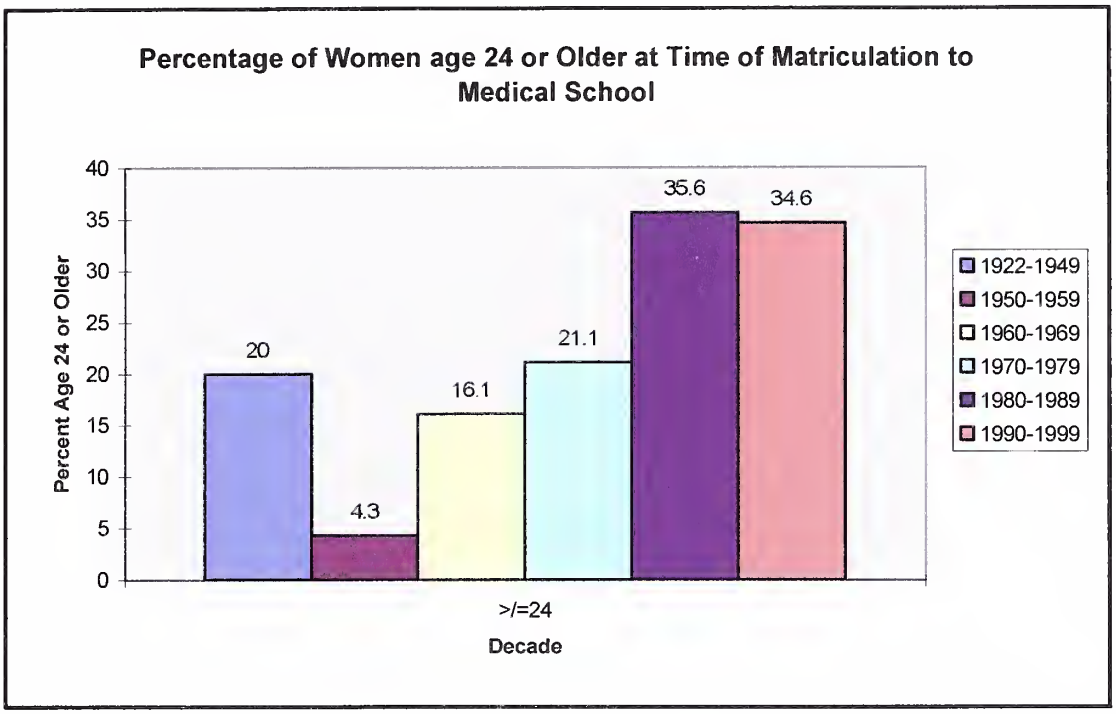


Figure 3

Motherhood Choice and Its Impact on Professional Life

Of the 562 respondents, 48.5% had children, 11.3% did not have and do not plan to have children, and 40.2% plan to have children in the future. The cohort of women who anticipate having children responded to the survey with projections of their future plans and will not be analyzed in this paper. To summarize this cohort, these women had a mean age of 30.7, with a range of 23 to 46 years old (SD=4.36). Thirty-eight percent were currently medical students. A majority were single (60.6%) and 36.9% were married or partnered. Their selection of medical specialties more closely mirrored those women who neither had nor planned to ever have children: one-half (51.7%) were entering primary care fields, 17.7% were entering surgical specialties, and 22.5% were choosing a medical subspecialty.

Of the 66 women who neither had nor planned to ever have children, 43.9% were single and 40.9% were currently married or partnered. The remaining 15.2% were divorced or widowed. There was no significant difference between decades in the percentage of women who did not have children.

Women without children were asked to respond to statements regarding childbearing issues. One-half (50.0%) reported that they were not interested in having children. An additional 25% said that either they or their spouse had problems with fertility. One-third (35%) said that they felt as though they had to choose between medicine and motherhood, and 45.9% said that they did not believe that they could be both a good mother and a good doctor (Figure 4). Women without children were also asked whether any of the stages of medical training affected, positively or negatively, their decision to forego children. Few were affected by medical training, although one-third were discouraged from parenthood by their experience as interns and residents (Figure 5).

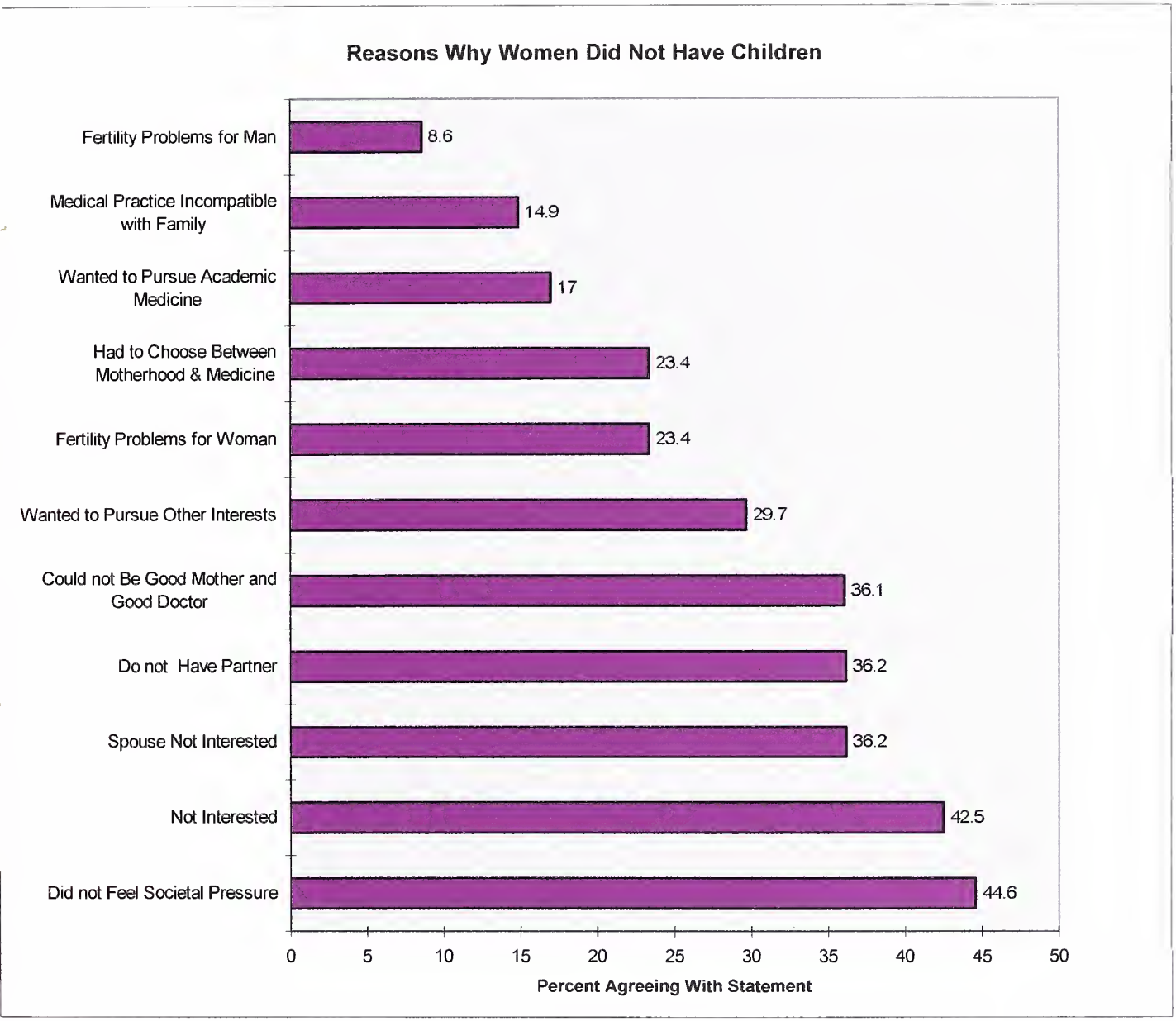

Reasons Why Women Did Not Have Children
Fertility Problems for Man
8.6
Medical Practice Incompatible with Family
14.9
Wanted to Pursue Academic Medicine
17
Had to Choose Between Motherhood & Medicine
23.4
Fertility Problems for Woman
23.4
Wanted to Pursue Other Interests
29.7
Could not Be Good Mother and Good Doctor
36.1
Do not Have Partner
36.2
Spouse Not Interested
36.2
Not Interested
42.5
Did not Feel Societal Pressure
44.6
0
5
10
15
20
25
30
35
40
45
50
Percent Agreeing With Statement

Figure 4

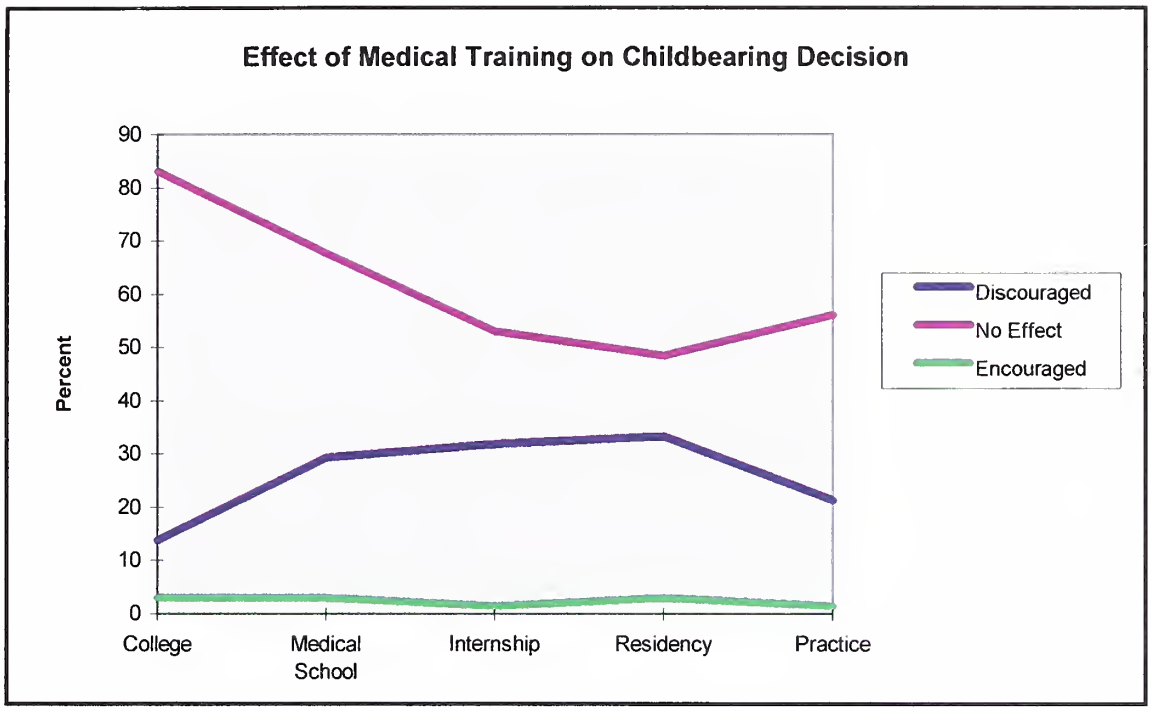


Figure 5

Professional demographic data, including specialization, practice setting, and hours worked are shown in Table 4.

Table 4. Professional Demographics[*]

	With Children	(n)	Without Children	(n)
Medical Specialties				
Primary Care	60.6%	(169)	47.5%	(28)
Medical Subspecialties	20.1%	(56)	20.3%	(12)
Surgical Specialties	6.5%	(18)	20.3%	(12)
Admin./Research	4.7%	(13)	3.4%	(2)
Other	8.2%	(23)	8.5%	(5)
Practice Setting				
University/Medical School	27.6%	(77)	27.1%	(16)
Group Practice	21.5%	(60)	11.9%	(7)
Non-affiliated Hospital	12.6%	(35)	10.2%	(6)
Solo Practice	11.5%	(32)	13.6%	(8)
HMO	6.1%	(17)	5.1%	(3)
Government	4.7%	(13)	5.1%	(3)
Other or Retired	16%	(45)	27%	(16)
Hours Worked				
0-20 hrs	5.0%	(14)	0.0%	(0)
21-40 hrs	31.2%	(87)	13.6%	(8)
41-60 hrs	40.5%	(113)	32.2%	(19)
61-80 hrs	12.9%	(36)	39.0%	(23)
80 + hrs	2.2%	(6)	3.4%	(2)
Retired	8.2%	(23)	11.8%	(7)
TOTALS	**100%**	**(279)**	**100%**	**(59)**

[†] Data presented in Table 5 includes only respondents who had children or who had no children and were not planning to have children and were not medical students.

[*] Primary Care specialties were defined as family medicine, pediatrics, internal medicine, psychiatry, and obstetrics and gynecology. Surgical subspecialties were defined as general surgery, plastic surgery, emergency medicine, anesthesiology, neurosurgery, urology, orthopedic surgery, otorhinolaryngology, and pathology.

The number of medical specialties represented increased markedly over time, with six specialties occupying all graduates from 1922-1949 (internal medicine, ophthalmology, pathology, pediatrics, psychiatry, and public health). Women who graduated from 1990-1998 entered into 24 specialties (Figures 6 and 7).

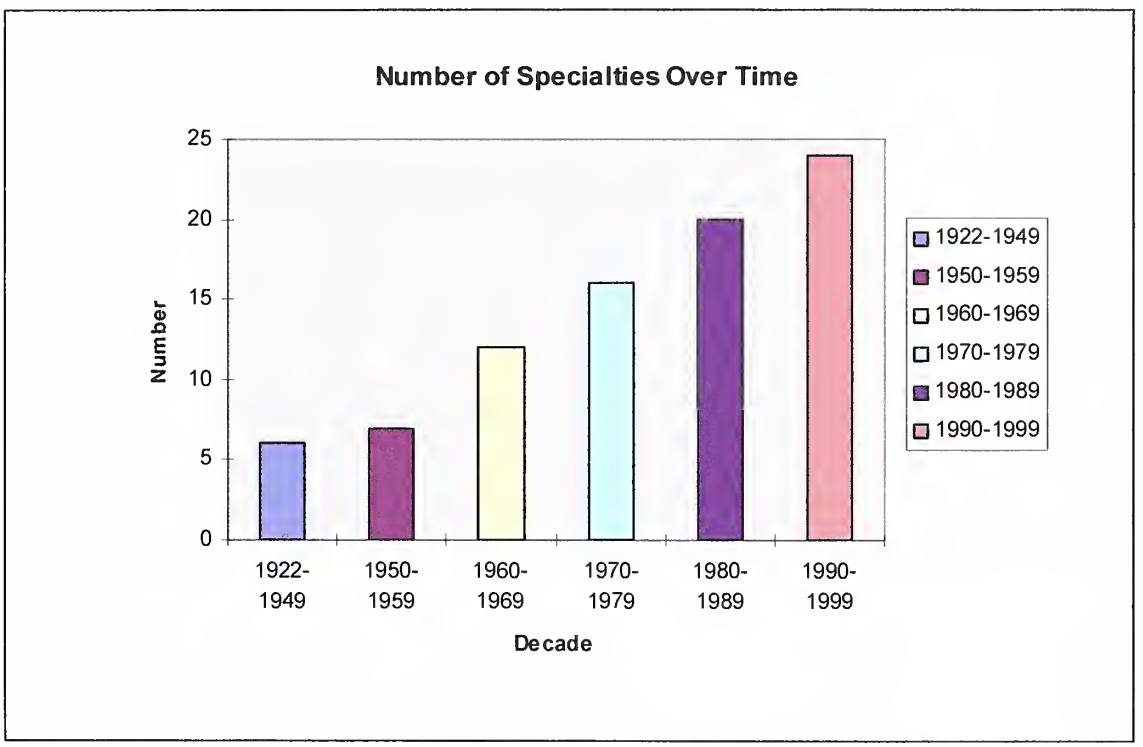


Figure 6

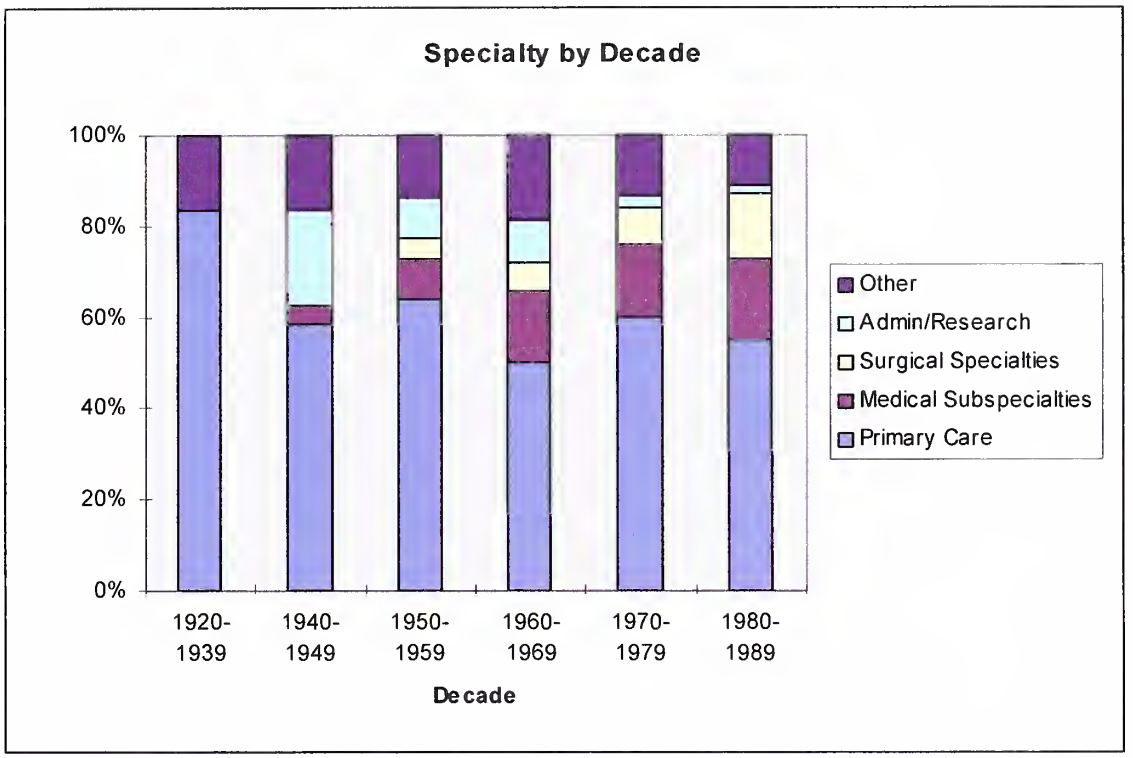


Figure 7

Women without children were more likely to be in the surgical specialties than women with children (20.3% vs. 6.5% $p<0.01$). Conversely, women with children were more likely to be in primary care specialties than women without children (60.6% vs. 47.5% $p<0.05$ Figure 8). There was no statistical difference between women with children and women without children in the areas of medical subspecialties, research, and administration (Figure 9). Variation in practice setting between women with and without children was not significantly different in all categories except for group practice (21.5% with children vs. 11.9% without children were in a group practice).

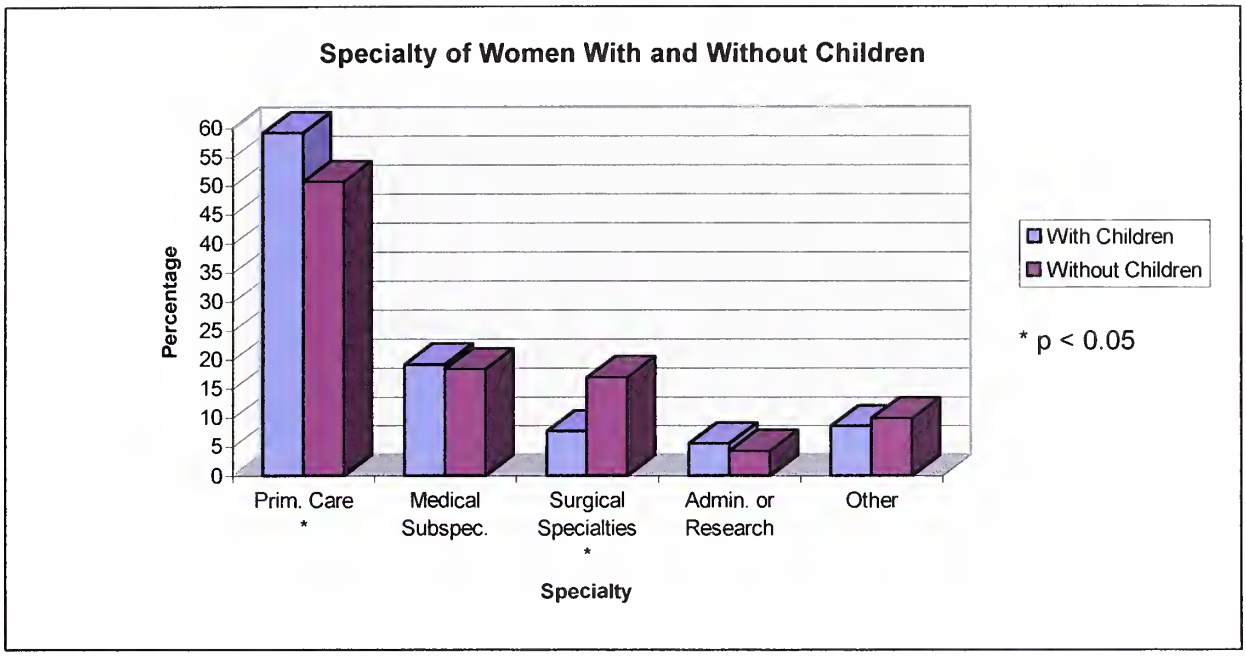


Figure 8

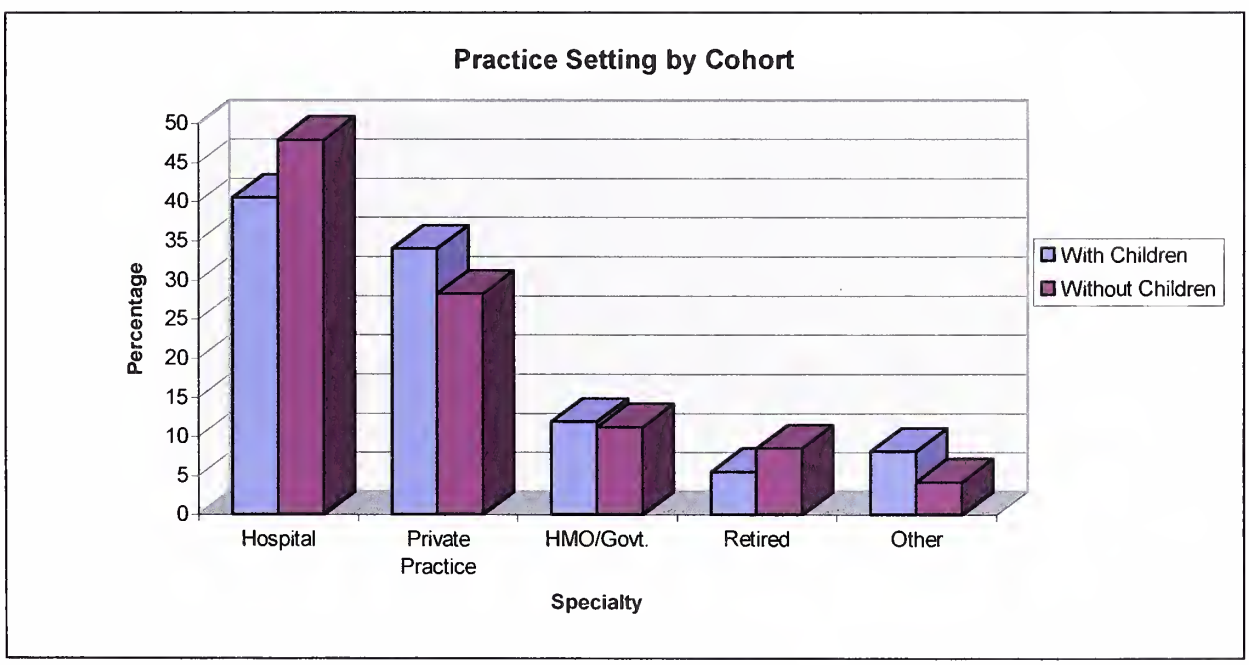


Figure 9

Women with children were more likely to work part-time than women without children (Figure 10). More than one-third (39.5%) of women with children worked fewer than 40 hours per week while only 15.4% of women without children worked those hours ($\chi^2(1)=11.0$, $p<0.001$). Conversely, 48.1% of female physicians without children worked more than 60 hours per week, as compared to 16.4% of physician mothers ($\chi^2(1)=25.5$, $p<0.001$).

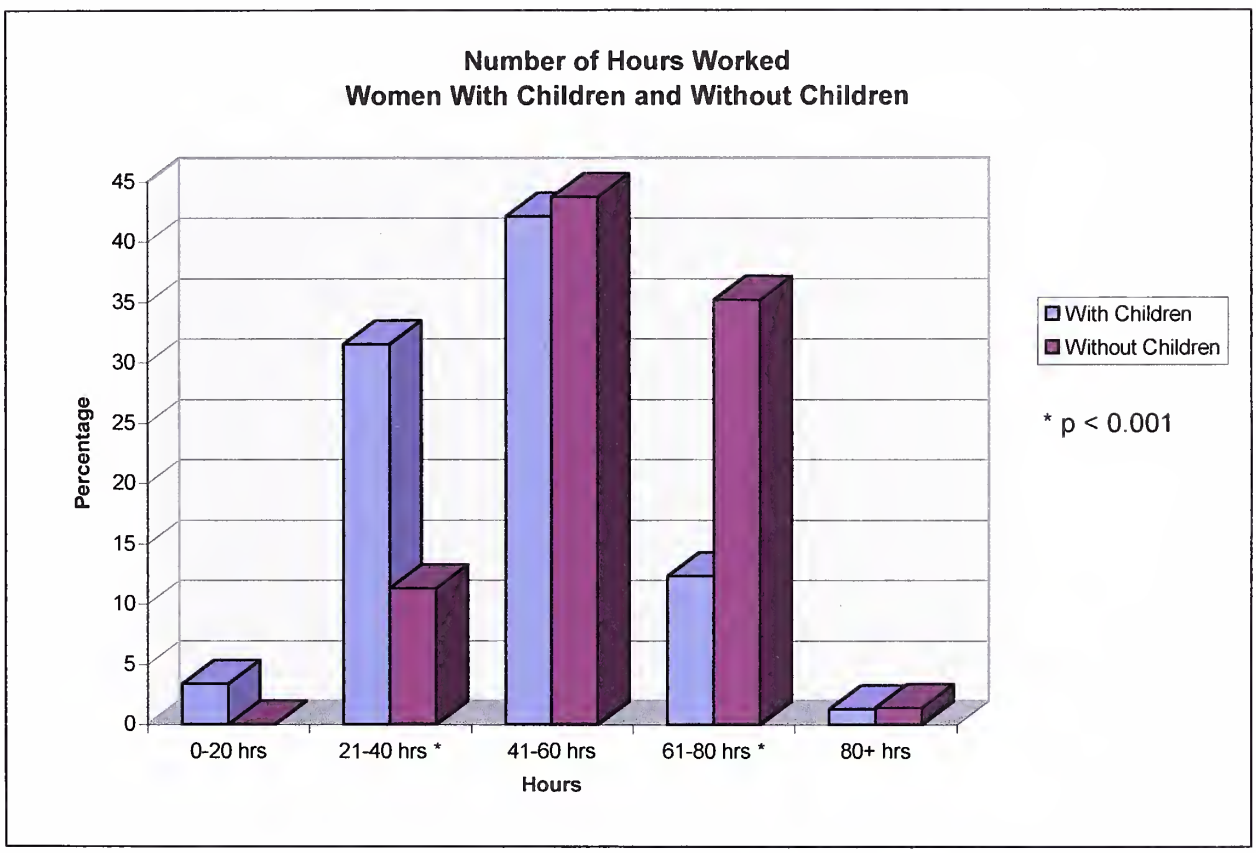


Figure 10

Satisfaction with Career. Both women with children and those without children were equally satisfied with their careers, with 89% agreeing or strongly

agreeing with the statement "Overall, I am satisfied with my career as a physician." Women with children were more satisfied with their home and family life than women without children (91% vs. 76.9%, respectively $\chi^2(1)=10.1$, $p<0.01$). When asked how having children affected their overall career progress, 62.3% of the mothers said that their career was slowed or markedly slowed. An equal number of women without children (60.6%) believe that not having children had no effect on their career progress while 31.9% believe the absence of children enhanced or markedly enhanced their careers. Sixty per cent of women without children said that they did not believe that they advanced more quickly than their female colleagues with children, while 62.3% of women with children believe they were not able to advance as quickly as their female colleagues who were not mothers.

Physician-Mothers

Timing of Childbearing Within Medical Training. Women in medicine bear children throughout all stages of their medical training. One-half (49.6%) had their first child after their medical training was completed and they were in practice. Over a third (36.2%) had their first child during their residency training, while 14.2% become mothers before or during medical school (Figure 11). In the early decades of women at Yale School of Medicine (1922-1949), no women had children during or prior to medical school: six women had their first child during residency and seventeen became mothers only after medical training was complete (26.1% vs. 73.9%). Between 1950 and 1989, ninety-nine women had children during medical training. One hundred and eleven had children after starting medical practice (this last number included 24 women who plan to have children and are done with their medical

training). Thus, 42% of women with children had them during medical training and 58% had them after starting practice. As more women enter medical school, it appears that greater absolute numbers and percentages of women are having children earlier in their medical career. However, chi-square analyses did not show a statistically significant difference in percentage due to the small number of respondents before 1949.

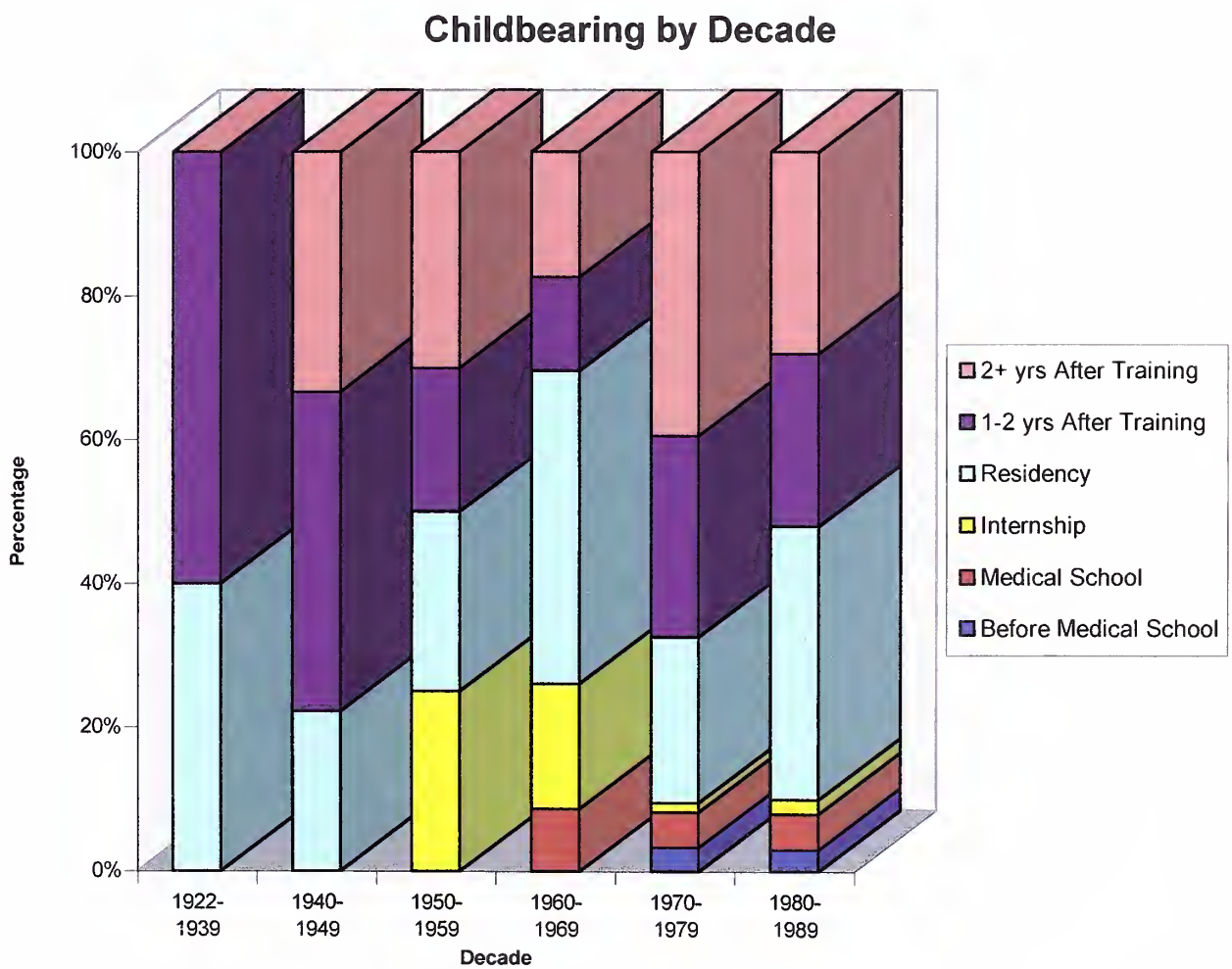


Figure 11

Age of Childbearing. For women with children, the mean age of childbearing for the first child was 31.2 years (SD=4.47) and there was no statistical difference in the age at which women had their first child by decade (Figure 12). The mean age of childbearing for the last child was 34.52 (SD=4.10 Figure 13). The vast majority of women graduating in the 1990's, however, have not yet had children (82.5% vs. 23.2% without children prior to 1990). Since the average age of this cohort was 30.9 years old, the presumption may be that the average age of the birth of the first child will rise over the time period studied. The mean number of children for those women with children was 2.16. The mean number of children may also be artificially low due to the fact that the youngest mothers in the survey have started their families, but may not yet have had all of their children. The mean number of children for those women who have completed childbearing was 2.76. Nearly all children were biologic offspring (94.8%) with 2.8% adopted and 2.8% by marriage.

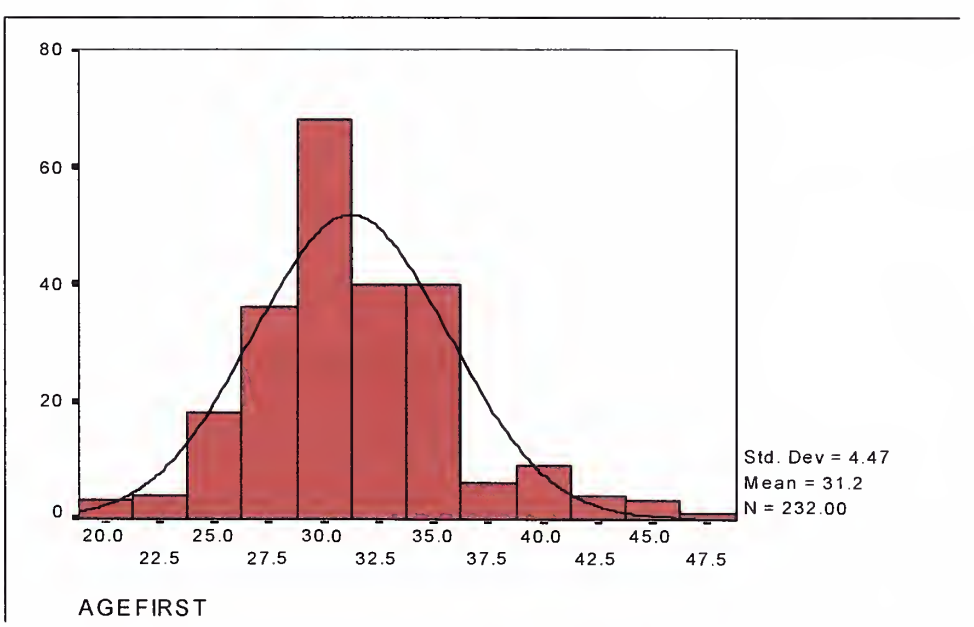


Figure 12

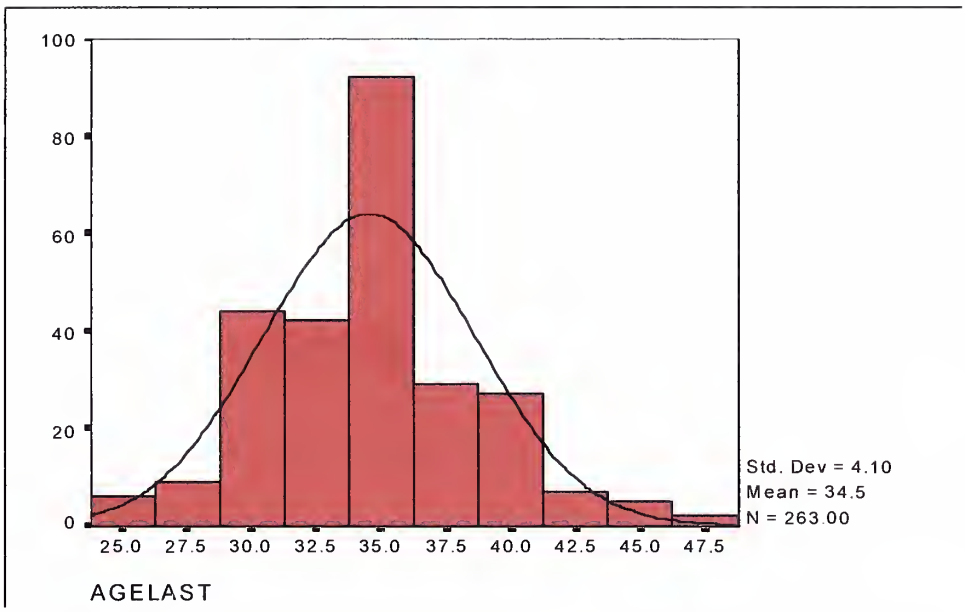


Figure 13

Maternity Leave. More than one-third (36.6%) of physician-mothers took a maternity leave of six weeks or less. An additional 19.7% took 6-10 weeks, and 18.6% took maternity leaves for 10-16 weeks. Over 10% of the respondents took one year or more to stay home with their first child. Length of maternity leave varies by stage of medical training. Women who had a child during residency training or while in practice took the least amount of time off (63.4% and 55.8%, respectively, returned to work in less than 10 weeks). Fewer than 10% of women in practice or in residency training took off more than one year to stay home with their first child. Women who had their first child before or during medical school had more flexible maternity leaves with 38.4% taking less than 10 weeks, 41.1% taking between 10-52 weeks and 20.5% taking more than a year (Table 5 and Figure 14).

Table 5. Length of Maternity Leave In Association With Timing of Childbearing

	Before or During Medical School	During Residency	After Training
<6 weeks	33.3%	46.6%	29.7%
6-10 weeks	5.1%	16.8%	26.1%
10-16 weeks	10.3%	17.8%	21.7%
4-12 months	30.8%	9.9%	14.5%
12-24 months	7.7%	6.9%	4.4%
>24 months	12.8%	2.0%	3.6%
Total	100%	100%	100%

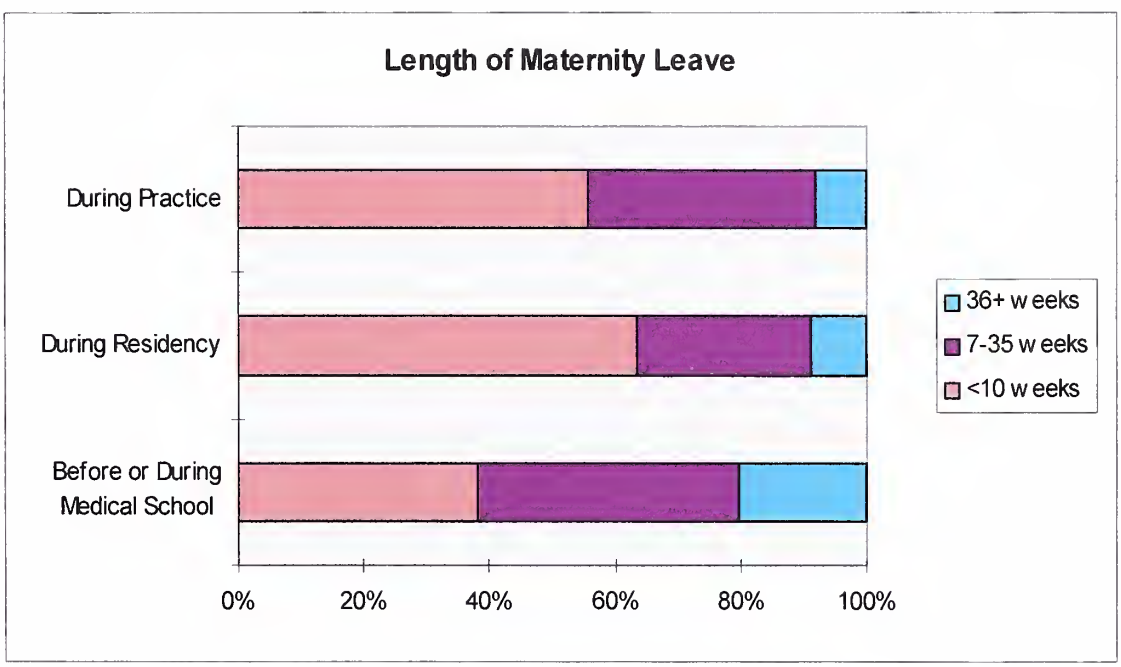


Figure 14

Significantly, the amount of time taken by women for maternity leave has increased over the last eight decades (Figure 15). Nearly one-half of the women (48.6%) prior to 1970 took six weeks or less for maternity leave, and less than one-third took between 7 weeks and 8 months (30%). The reverse was true for the subsequent decades (1970-1999). Less than one-third of women took less than six weeks (32.5%) while greater than half took between 7 weeks and 8 months off (54.6%). Although the length of leave has increased over time, the level of satisfaction with length of leave has dropped significantly ($R(275)= -0.16$, $p<0.01$). Less than one-quarter of the women (24.3%) graduating prior to 1970 believed that their maternity leave was too short (although their leaves were significantly shorter than those of the more recent graduates); nearly one-half of the women graduating from 1970-1999 believed that their maternity leaves were too short (47.4%).

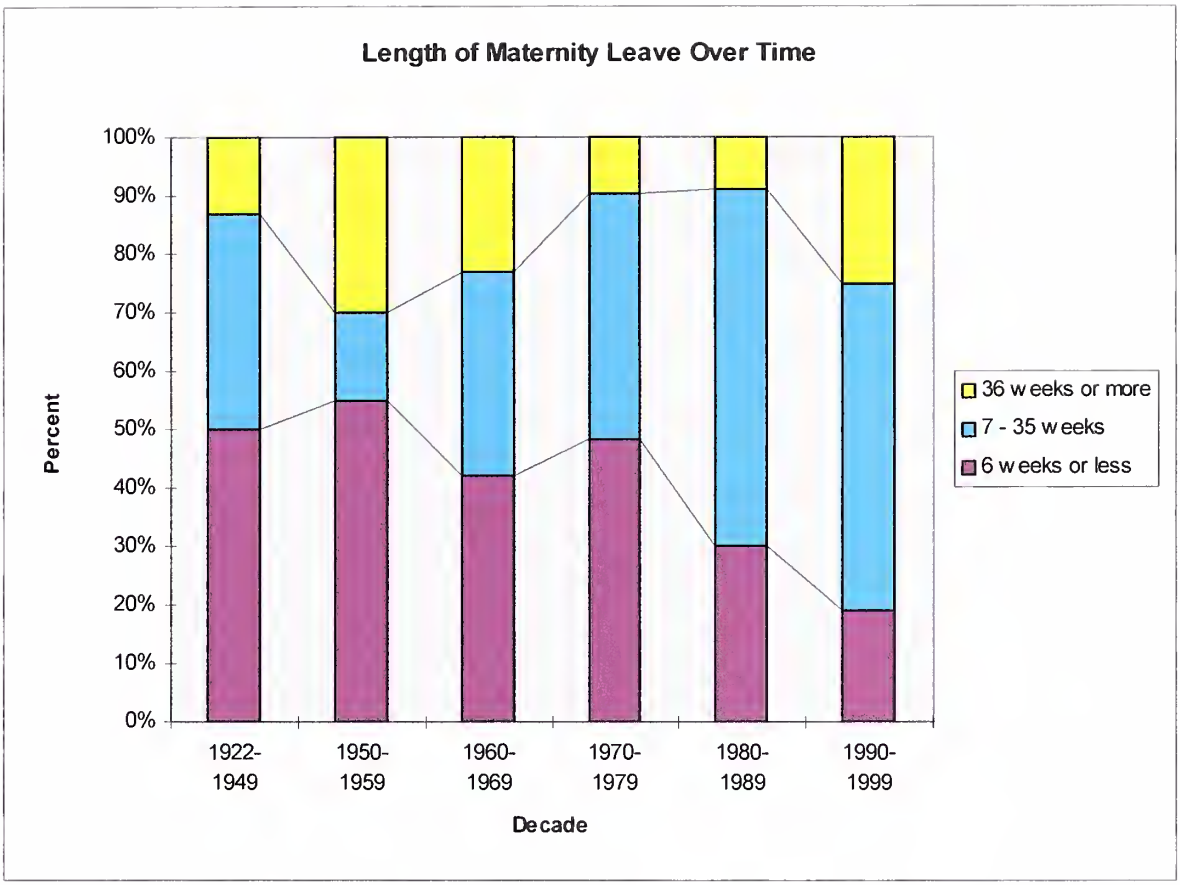


Figure 15

Child-care. An analysis of caretakers for the children of female physicians indicates multiple providers are the norm. Respondents were asked to list all those, other than themselves, who cared for the child or children more than ten hours per week. On average, 1.8 providers, in addition to the mother, cared for the children for ten or more hours each week (Table 6).

Table 6. Caregivers Who Provide Ten or More Hours of Childcare per Week

	Percent of Women (n) with Children*
Spouse/Partner	43.7% (124)
Nanny/Live-in	60.1% (170)
Day Care (off worksite)	25.8% (73)
Day Care (private home)	23.0% (65)
Day Care (on worksite)	9.5% (27)
Family Member	12.4% (35)
Neighbor or Friend	7.1% (20)

*Totals are greater than 100% since more than one care-giver provided care

There were significant trends noted over the last eight decades with regard to child-care providers (Figure 16). Nannies or live-in help provided the greatest amount of care (on average, 60.1% of women reported using a nanny or live-in care provider for ten or more hours per week). The contribution made by the spouse or partner toward care of the child has climbed substantially and steadily since 1922 (from 16.7% reporting spouse assistance of ten or more hours from 1922-1949 to 59.2% in the 1990's). The data also reflect trends in the national proliferation of group child care during this century. The use of both on-worksite and off-worksite daycare increased throughout the decades. Nearly one-third (31.1%) of the youngest respondents used

off-worksite daycare, 22.4% used on-worksite daycare, and less than 5% used private home day-care.

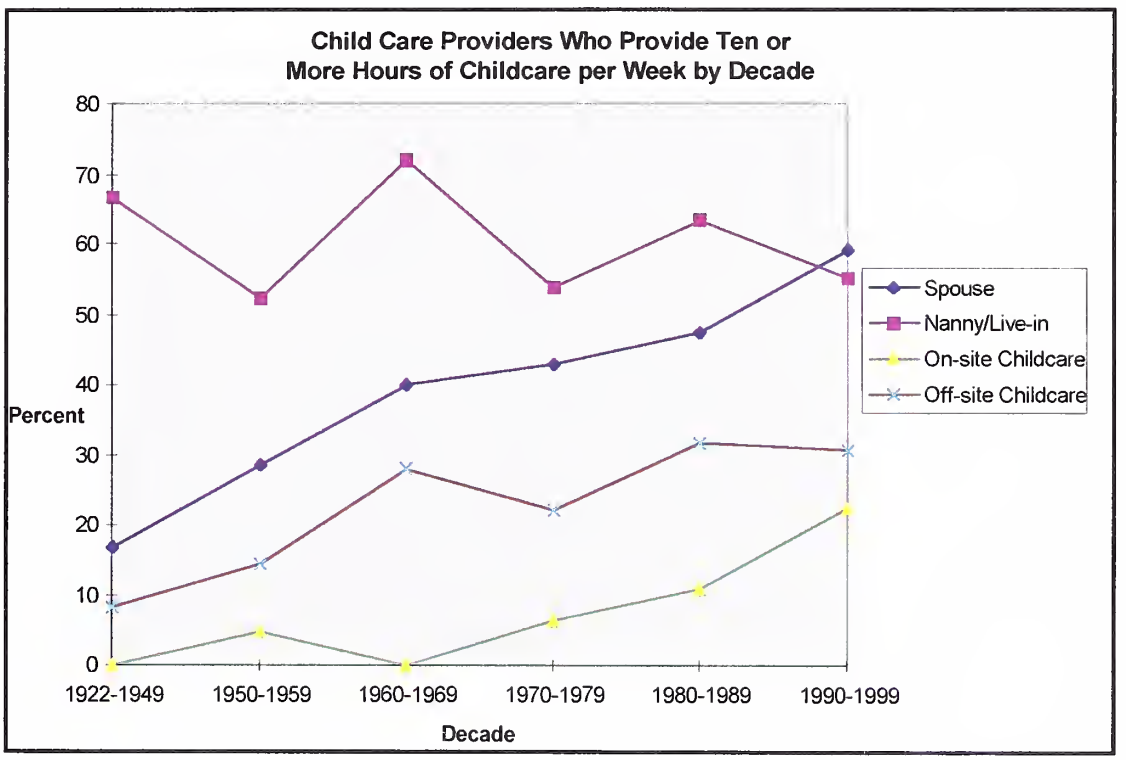


Figure 16

DISCUSSION

This study provides a unique retrospective examination of the balance between medicine and motherhood over the last century. Though the demographics and practice opportunities for women have changed substantially, many issues central to career and family remain unaltered. As illustration, direct quotations from hundreds of pages of comments gathered in this survey are used to complement the quantitative data. The themes that arose from both quantitative and qualitative data will be discussed in detail and are itemized below:

- Timing of Childbearing: Women have children throughout all stages of medical training and practice, although greater numbers and percentages are having children during medical school and residency. There is no clear "best time" for childbearing and childrearing.
- Length of Maternity Leave: The amount of time taken by women for maternity leave has increased over the last eight decades, although the level of satisfaction with length of leave has dropped.
- Choice of Marriage Partner: Changes in the parenting roles of men and women have led to greater involvement by fathers. The balance of medicine and motherhood is eased by a partner who is involved with children and supportive of a career.
- Change in Medical Practice: Some women with children have found different ways to practice medicine. There is less practice flexibility in certain medical and surgical specialties and academic medicine.

- Choice of Specialty: Female physicians without children were more likely to be in surgical specialties, less likely to be in primary care, and more likely to work full-time than their female colleagues with children. Specialties with a well circumscribed work-day, decreased call, or little in-patient responsibilities are more accommodating to physicians with families.
- Career Progression: Two-thirds of women with children believe that being a mother has slowed their career progress. Parenting and doctoring can both be full-time jobs that may not be able to be done perfectly at the same time.
- Childcare Arrangements: On average, 1.8 providers, in addition to the mother, cared for the children for ten or more hours each week. High quality, affordable, and flexible childcare arrangements are difficult to establish even for physicians in a high income-bracket.

"Doctor Mom"

Female physicians in this study were as likely to have children as other women in the United States. According to the 1995 Fertility of American Women report by the U.S. Census Bureau, 82.5% of women over forty, regardless of race or marital status, had at least one child, and 17.5% of women were without children.[37] Using the same parameters, 82% of women in this study were mothers and 18% were not – results similar to a 1984 survey in which 85% of female physicians had children.[21] Other studies have reported that only two-thirds of female physicians surveyed have children. These studies, however, utilized parameters in which only physicians below

age 50 were queried.[38,32] Consequently, younger women who would become but were not yet mothers influenced these proportions.

The proportion of women marrying and having children has remained relatively constant over time; there was no statistical difference over the last eighty years in the percent of female physicians who became spouses or mothers in this study. Despite the pressures put upon them by a skeptical medical establishment in the first half of this century and a continued rigorous work environment, women have not foregone family for a career in medicine. Historian Regina Morantz-Sanchez, author of *Sympathy and Science: Women Physicians in American Medicine*, argues that "when the professional ethos emerged at the end of the nineteenth century, a doctor was viewed not only as a man of science but as someone who served a higher calling and needed a helpmate. An image evolved of medicine as a two-person career. There was an implicit assumption that doctors had wives who looked after their home and family."[39] Women may have circumnavigated this archetype in several ways. The most obvious ways were in their choice of specialty and in the ways they maintained a strict line between their professional and personal lives.

The female pioneers of twentieth century medicine raised children but did so in the manner least disruptive to their work. Medical specialization for women was narrow, as women tended to choose specialties compatible with raising children. A study respondent from the 1940s wrote:

> Women did not ever enter surgery. I heard some faculty comment that women could not stand the stresses of the operating room (the idea of surgical nurses, many of whom had to work double shifts, never bothered them?). Pediatrics, internal medicine, general practice, basic

> science research, psychiatry, and public health were considered the appropriate fields for women.

This study finds quantitative support for her observation: prior to 1950, the only specialties represented were internal medicine, ophthalmology, pathology, pediatrics, psychiatry, and public health.

In addition to entering a select few specialties, women were discreet with their motherhood, taking the minimum amount of time permitted for maternity leave and mentioning their children infrequently at work. One graduate from the 1960s wrote that she worked hard to minimize the impact of working part-time on her professional image as a high-powered academician – most people had no idea she even worked part-time. She always took full-time call, attended every important meeting or national conference, and would come back to the hospital after her children were asleep.

A more extreme response to the potential tensions between mothering and doctoring was to forgo medicine altogether. The frequency with which this occurs can not be evaluated with the present or historical data. This study did not actively seek out those who had left medical training or medical practice. However, because surveys were mailed to female matriculants and not just graduates, three women responded that although they began at Yale School of Medicine, they had left medicine in favor of family or another career:

> I didn't answer your questionnaire in the fall when it came as I am not one of the "female graduates" for whom it was intended. Much as I loved my studies and medicine, I left after my first year as I met my husband and we planned to marry later that year (1946). My father was a general practitioner in central Connecticut, working 24 hours a day for eleven months of the year. My cousin - ob/gyn and married to

> the same – took three months off for each of her three children and then Grandma, the maid, the neighbors, and teachers raised them. When my fiancé and I decided on four children, I realized I was not entrusting them to others, and knowing the demands on my father, decided to abandon my medical career.... (entered YSM '44)

This study does not attempt to characterize this sub-group of women – it is difficult to know whether the Yale School of Medicine Alumni database captures the entire cohort since they are less likely to maintain ties to the school. It is also possible that these women can be found in greater proportion among the 30% of women who did not respond to the survey.

"There Is Never An Easy Time"

For women who plan to have children during their medical careers, the timing of childbearing and childrearing is a pivotal issue. In a 1988 study by Sinal, seventy percent of the respondents believed that "after completion of residency" was the ideal time to have children.[23] This reflects the experience of women who have trained in the demanding structure of medical education. The clinical years of medical school and residency programs are still clearly designed for the 21-24 year old with no household or family responsibilities. Although taking up permanent residence in the hospital and becoming a "house officer" is no longer strictly required, the responsibilities and devotion of time are no less for today's clerks and residents than they were fifty years ago. One graduate from the 1990s wrote:

> I started internship when my son was 6 months old and worked 90-100 hours [per week] that whole year. I really missed out on his year and on being part of his life – at one point when he was 10 months old, he didn't recognize me. Now I am working 70-80 hours a week and it's definitely less physically exhausting so I have more energy for my son

> and husband. My long hours mean that my husband does the majority of the cooking, cleaning, etc. His career has definitely slowed as a result. He resents this and that puts stress on our marriage and on me. I feel very guilty about my lack of involvement in the nurturing of our family as well as my small contribution to the "work" of the household… (YSM '96)

The respondents expressed strong and sometimes conflicting opinions regarding the "ideal time" to start a family. The responses ranged from waiting until medical training was complete, to having them in college before entering medical school, or that residency training or medical school may provide the most flexibility. The following quotations represent a small sample of some of those wide-ranging views:

> Don't delay motherhood as so many of us have – I was too busy being "one of the guys" and trying to squeeze in time for a relationship with a man (eventually my husband) to even think about motherhood until it was very nearly too late for what turned out to be the most rewarding experience of my life. I went to the best schools, two top residencies (double-boarded), top-drawer fellowship, prestigious faculty job….and I'd trade it all to have more children (though I'm very grateful for the one I have) (YSM '84).

> There is no perfect time to have babies, but I think residency may be the best time, since your presence is not critical to the operation of the hospital. Female physicians should actively support one another as we forge new ground in this arena (YSM '92)

> Having a baby during medical school means that your child will be 2-4 during residency. These toddlers are verbal with feelings which they express without abandon. Therefore the child will feel unloved because Mommy would rather go to work than be with the child…..I know the fourth year of medical school is a good time for the doctor to have a baby but it is a terrible time for the baby. I therefore strongly recommend that women have children in college prior to medical school or toward the later years of residency and beyond for flexibility in allowing appropriate quality time for the child (YSM '84).

> I had my first as a resident and still feel terrible about having to leave him for so many hours. Working part-time after residency has been

> wonderful. As a result, I advise waiting to have a baby until after the end of residency. However, this can be hard if you feel your "biological clock" ticking or have a deep desire to be a parent (YSM '92).

Perhaps the most common refrain is heard from a graduate from the class of 1996: "Timing is important but if you want to have a family, do it. Try to pick a time that's easier (i.e. not during third year of medical school or internship). But don't wait for the perfect time. It won't come."

The results of this survey buttress this opinion as women had children throughout all stages of a medical career. The shift over the last thirty years, in fact, has been toward greater numbers of women giving birth during medical training (either during medical school or residency). In addition, it appears from this study that the percentage of women who give birth during medical training as opposed to medical practice is also on the rise. This trend was somewhat difficult to determine with total accuracy because of the smaller pool of matriculants and respondents prior to 1950 and because many women who had graduated within the last ten years had yet to complete training or start families. However, two unrelated shifts in medical education are coinciding which produce conditions in which more physicians will have children during medical training: the average age of matriculation has increased and the average length of postgraduate medical education has increased. More women are starting residency in their early thirties and more specialties have tacked on additional years of training.[40,41]

Based on this study's data from 1950-1989, a conservative estimate is that 42% of women who have children at some point in their lives will do so during their

medical training. This predicts for the presence of at least 600 pregnant medical students and 2700 pregnant residents in 1999. Of no less importance, but often overlooked, is that approximately equal numbers of medical trainees will become fathers in the same period of time.

This shift to an earlier timing of child-bearing may become more conspicuous in the next ten years. Several factors have created a cognitive revision that makes having a child earlier in medical training more tenable. There are more women role models managing the pressures of parenthood and medical training; there are greater numbers of older students as peers; and there are medical schools providing increased institutional support for students with families.

For example, the University of Washington Medical School has made available "crying rooms," sound-proofed and glassed-in rooms in the back of lecture halls, where students with small children can see and listen to lecture while caring for their young. Yale School of Medicine has a medical school "parent track" that involves paying for four years of medical school and taking as many as eight years to complete the M.D. degree. The 1996-97 prospectus for the University of Pennsylvania School of Medicine has a cover picture of a pregnant student with her six year old son. On the first page is written the word "Flexibility" and she writes that the decision to come to medical school was "a difficult one: to complete the curriculum while being a good mother. . . . I felt supported entirely." Many medical schools sponsor "Parenting and Doctoring" panel discussions with faculty, residents, and students as a routine offering of the Student Affairs or Dean's office. There is a growing sense that there is neither an ideal nor an impossible time to start a family and medical institutions are making

incremental policy changes that attempt to attenuate the difficulty of combining parenthood with medicine. One graduate illustrates some of the progress that has been made in the last twenty years:

> When we decided to have a child during my third year of medical school and during my husband's grant year off, I had no support among my classmates. . . . I hid the pregnancy for 7.5 months (I was small, wore loose scrubs, was just as active as ever, and, fortunately, was totally healthy). I had my daughter during the time that I was scheduled to write my thesis and did get my thesis done during that time but had to be back on rotations six weeks after her birth. I breast-fed for 13 months but had to sneak off to express milk to give to my husband or sitter for the next day and remember once bursting into tears when I went to Fitch 4 to collect my milk out of the refrigerator and found that it had been thrown away (YSM '78).

"They're Only Young Once"

The decision of when to have children during a busy medical career is among the first in a succession of difficult decisions. Determining the length and securing the interval for maternity leave is an early challenge for physician mothers. Female physicians tend to have short maternity leaves and, unless mandated by their own physicians, vanishing pre-partum leaves. This is true in spite of the fact that the American College of Obstetricians and Gynecologists has published guidelines suggesting that the window of disability for a normal uncomplicated pregnancy should begin 2 weeks before delivery and end no less than 6 weeks postpartum.[42] In a study by Sayres and colleagues in 1986, 63 percent of pregnant residents took no time off prior to delivery and took a mean of eight weeks for maternity leave.[23] In this study, a significant change was noted over the course of the century. Prior to 1970, nearly half of the women took six weeks or less for maternity leave. These pioneers of women in

twentieth century medicine raised children but did so in the most inconspicuous manner possible. Their small numbers dictated compliance with the traditional world of medicine. Since the doubling and, now, quadrupling of the numbers of women in medicine, maternity leaves are longer and women today are more willing to acknowledge their dissatisfaction with the parental leaves available to physicians:

> My chairman said, while I was pregnant, what a wonderful thing it is to have a child yet was completely unwilling to brainstorm with me about innovative approaches for on-call coverage during my maternity leave – he saw nothing wrong with demanding I make up all my missed call despite the fact that much of my leave was unpaid. . . . My fantasy is that one day there will be a way to take off for maybe even a few years without sacrificing your place in the career path you'd like to pursue. (YMS '92)

This phenonomen illustrates nicely the point made by Carola Eisenberg in a 1989 *New England Journal of Medicine* editorial: as the balance shifts in the number of male and female physicians, "women will bring into academic medicine a greater emphasis on the importance of the physician's family life."[43]

Institutional changes in maternity leave policies have been slow and insufficient. The most recent survey to document the current situation had only a 45 percent response rate from the AAMC's Council on Teaching Hospitals, and only three-quarters of those respondents had a written parental leave policy.[8] The policies in the remaining 55% of COTH hospitals that did not respond to the survey remain unknown. An older but more representative survey found that of the 342 of 369 teaching hospitals that responded, 57 percent did not grant maternity leave.[44] Of those that did, 62 percent reported that its duration was six to eight weeks and was most often a compilation of sick days, disability, and vacation. This is in contrast to Canada

where dedicated paid maternity leave is available for 20 weeks for all workers, including medical residents and physicians.[45]

"Marry Wisely"

Although the focus of this and other recent publications in the medical literature has been the conflict between mothering and doctoring, it is important to acknowledge the changing role of professional men in caring for children. Only one-quarter of the respondents who matriculated prior to 1960 said that their husband/partner cared for their child or children more than ten hours a week. That figure rose by more than ten percent each decade, and for the most recent cohort of graduates, sixty percent said that their spouse cared for the children ten or more hours a week. One of the most frequent comments written by the survey respondents was with regard to finding a great partner: oft repeated was "Marry well" or "You need the 3 H's: good health, good help, and good husband"

Half of the respondents in the present study (50% - 70% in other studies) were part of dual-physician relationships and this statistic has remained constant over time.[46] Medicine may have once been a two-person career – designed for the married man with a stay-at-home wife and three children – but that is no longer the norm. Having two physicians as spouses and as parents brings the benefit of awareness and understanding yet the difficulty of two people involved in complex and demanding jobs:

> My spouse and I have both made compromises in our career in order to maintain a healthy and happy family life. We both cut back to four days per week (which does have a significant impact on finances but has

> been well worth it). My husband switched from an academic career to private practice, once again so that he could make a larger commitment to family. (YMS '87)

Some studies have shown an increased rate of divorce among female physicians as compared to male physicians, but that was not supported by this study.[47,48] A few dual-physician couples have made the situation work in their favor:

> We have an unusual and wonderful arrangement. My husband and I work part-time (job-sharing) in a hospital based practice. I work one week (he's off), he works one week (I'm off) then we have one week off together, etc. We each stay home and care for our three kids when we're not working – we have a great balance between work and family. (YMS '90)

Improving parental leave and creating more accessible and flexible child-care options benefit all physician parents, both male and female.

"Your Career Will Always Be There"

It is important to note that the difficulties experienced by female physicians with children are not notably different from any working mother. An article in 1998 in *The New York Times Magazine* describes the phenomenon that professional women in this country experience: "lower birth rates and longer adult lives have made child rearing, for most women, a temporary job. Rearing children occupies less of a mother's lifetime than it did in the past, so women are investing much more in developing careers. They are postponing marriage and using that time to get a foothold in the labor market. Many also have a strong incentive to keep working at least part-time so that their skills and seniority don't deteriorate." [49] This observation is particularly applicable to female physicians. The long years of medical training and

career-building coincide directly with the prime years of childbearing and childrearing. Stopping medical practice completely in order to raise children is nearly untenable in today's rapidly evolving world of medicine. One graduate from the 1960s wrote, "I have never regretted having spent a large part of my childbearing years staying home with my children: my regret is that I did it so completely. I would strongly advise anyone taking time off to raise kids that they keep a hand in the profession – work at least part time and don't lose touch."

Some impediments that physician mothers face set them apart from other professional women. "Medicine, as a profession, is a very jealous spouse and yet one with whom it is possible to have a very passionate relationship," wrote one survey respondent from 1973. The years of training surpass nearly every other field, the hours are extremely long, and the demands of patients, hospitals, and insurance companies are difficult to ignore. There are a few ways, however, in which the field of medicine can be accommodating to parents. The actual "practice of medicine" takes many shapes and can change over the course of a lifetime. Although once strongly condemned as wasting their medical training and being "part-time doctors and full-time parents," many women (and some men) are finding part-time positions while their children are young and re-engaging with medicine more fully as their family requires less time. Many graduates wrote to express the following: "Allow yourself to block off a few years of your career and think of them as the 'mommy years'. There'll be plenty of time ahead to work those high-powered hours and jobs but your children will only be small once…." (YMS '94). These part-time jobs or shared practices are increasingly common, especially in primary care fields and outside the

realm of academic medicine. Compensation is less than a full-time practice but still substantial and viable in a two-income home. One respondent wrote, "we are lucky to be in a field in which we can earn enough money to take care of our families and feel a sense of satisfaction about doing good in the world. We need to keep visibly fighting for support in the work place for parenting and not just mothering."

Equally as important as decreased work hours is the adaptability of a medical career over a lifetime. It is possible to be a locum tenens, medical economics consultant, pharmaceutical company administrator, and medical school instructor all in a single professional lifetime. One women sent a timeline of her career path over the last fifteen years:

> 1981-1985: Internal medicine residency with one year out to care for my baby when my husband decided to do a renal fellowship instead of staying home full-time with the baby as he had planned
>
> 1985-1989: Director of two ER's – did ER medicine because I could be home more
>
> 1989-1994: Worked only one Sunday doing Urgent Care – kids happy, husband happy. I resented doing menial labor for family but liked time with children
>
> 1994: Psychiatry residency – husband being supportive and doing bulk of household chores. Nine-year old daughter cries weekly about my absence from home.

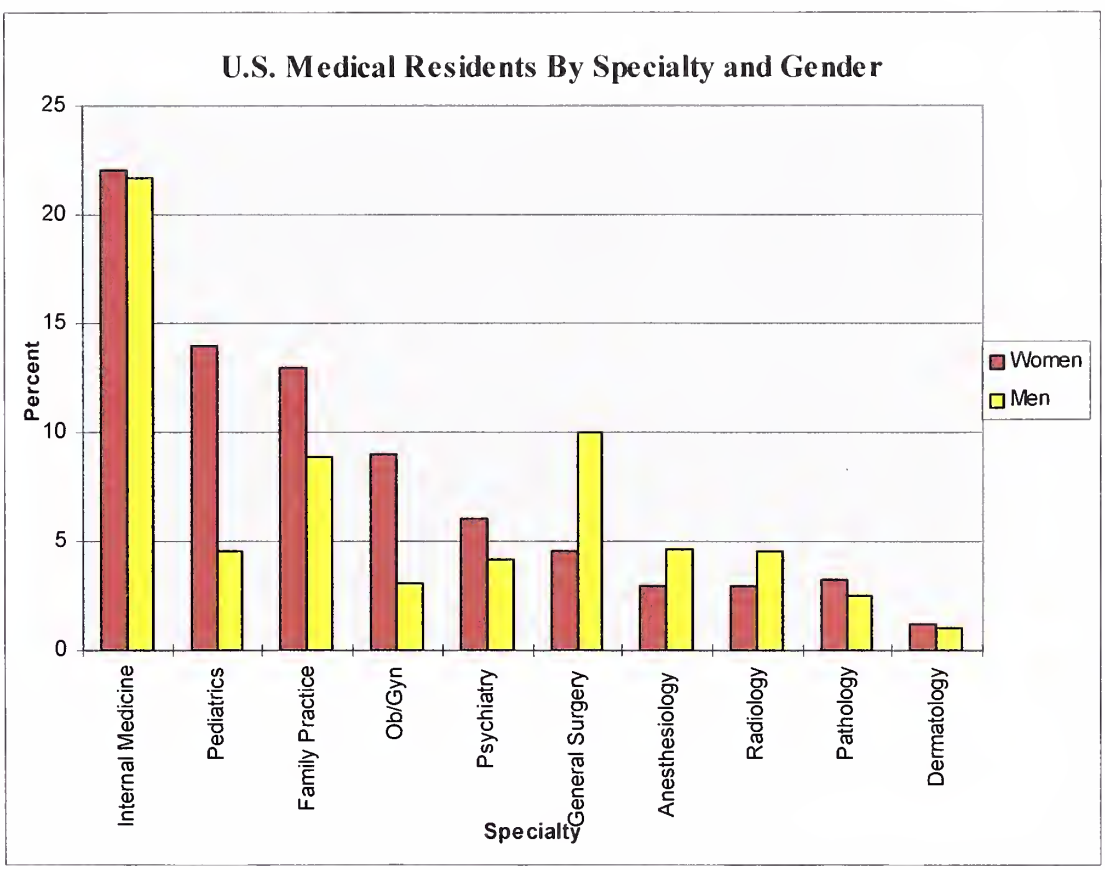
"Choose Your Specialty Carefully"

This degree of practice flexibility is not inherent in every medical specialty. A vascular surgeon, for example, would have a difficult time leaving the field for a few years and keeping her skills honed in an urgent care site. For this reason, an oft-mentioned piece of advise from survey respondents was "choose your specialty well":

"pick a field that doesn't have too much night and weekend clinical on-call work when the children are small." Several respondents specified fields that were more accommodating to families such as the primary care specialties, dermatology, radiology, or pathology:

> Choose a field and practice that is family-friendly. . . . Especially in family medicine and pediatrics, having children is usual, expected, and enhances your ability to care for patients (for men and for women). In these fields, it's acceptable and not unusual to work part-time or "staggered shifts" in order to maximize family time (YMS '92).

As can be seen in the following graph, a gender divide now defines some specialties.



Almost 35% of all residents on duty as of September 1996 were female. More than one-third of women residents were in training in internal medicine or pediatrics (AMA Women in Medicine Data)

Figure 17

"You Can't Do It All"

Regardless of specialty choice, women who responded to this survey were quick to point out that the superwoman model was truly a myth: "You can't do both superbly. You are going to have to delegate a lot of parenthood if you are to compete at top levels of medicine. If this is your intention, choose a partner who is willing to assume the primary responsibility for nurturing and supervising children. Alternatively, doing a fairly good job in both areas is achievable and quite rewarding." Many women found this sensation of being merely a "fairly good mother" and a "fairly good doctor" extremely frustrating and the most difficult part of the balance: "Being a mother and a full-time physician is unquestionably the hardest thing I have ever had to do. What makes it hard is not the work, but the fact that I must give up precious time with my child to continue my career and, yet, I can't find enough time to devote to my career."

"I Need A Wife"

Respondents felt that hiring other people to help was critical to attempting the balance between parenting and doctoring. Finding nurturing care providers for children was one of the greatest sources of frustration and anxiety mentioned. This complaint could be issued by any parent in a dual-career relationship. The difference here is that physicians have greater income potentials than most American families and that "hiring help" is much more viable. Although less than 5% of pre-school children in the United States are cared for by nannies, governesses, or au pairs, over 60% of female physicians surveyed utilized this type of care provider.[48] Dozens of

respondents discussed the importance of finding good child care, at all costs: "find a great nanny, pay her well and pray that she stays." or "a good day care/baby-sitter is invaluable. Invest in it. It will be the smartest money you ever spend." In addition, women suggested delegating to others as many other household responsibilities as possible: "This has made my life easier: making enough money to hire a handyman, a housekeeper, and a nanny to chauffeur my school-age children. This allows me to focus on mothering and doctoring which is almost all I do." Again, the privilege of deputizing others to conduct the activities of running a home may not be available to every physician – especially those in lower-paying specialties, those still in medical training, or those with vast educational debt.

The cohort of female physicians who chose not to have children have been infrequently studied in the past. A clear difference was noted in the specialty selection between women with children and women without children, one which mirrors the pattern seen in specialty selection between men and women. In surgical specialties, the proportions of men and women who enter residency are 14.6% and 7.5%, respectively. The proportion of women who do not plan to have children and women with children in surgical residencies was 20.3% and 6.5%. A complementary pattern of outcome is seen in pediatrics where the proportion of men and women entering pediatrics is 4.5% and 14%: women without children and women with children entering pediatrics was 4.5% and 16.9%. This pattern is also replicated in obstetrics and gynecology. Using these examples, one could conclude that women who do not plan to have children tend to enter the traditional male fields of medicine and skirt the specialties traditionally more populated by women. It is difficult to know, however,

which wrought which: Do women in surgery tend not to have children? Or do women who plan never to have children tend to enter surgery?

It was clear that not all childless women physicians are childless by choice: one-quarter of the women who did not have children indicated that it was secondary to infertility and an additional quarter indicated it was due to the absence of a suitable partner. Many younger women who planned to become mothers were concerned about this prospect. One survey respondent cautioned, "despite all the advances in fertility treatments, women should be educated that the best reproductive years are ages 18-25, with adequate reproduction at the ages of 25-35." An analysis of fertility of American women was done in 1990 which measured a 21.4% "impaired fecundity" rate amongst women aged thirty-five to forty-four (the rate of "impaired fecundity" was 4.1% for 15-24 year olds and 13.4% for 25-35 year olds).[50] This study is not large enough to make any definitive statements regarding the fertility of female physicians but there is no reason to believe that the rates differ significantly from the aforementioned statistics.

The training years were also recognized as being a difficult time to meet a life partner or nurture a relationship:

> I think a big worry for many female residents (especially surgical residents) is how difficult it is to meet eligible men and have a relationship. It used to make me and my other female classmates in med school mad that the guys often wanted to date women much younger – not their peers. We used to worry we wouldn't get married. (YMS '89)

In addition, many prospective mothers worried about infertility, complications of a later life pregnancy and the obstetrical difficulties that some studies have shown are

unique to female physicians.[51,52] A graduate from 1986 described some of her difficulties as a physician mother:

> Colleagues at work profess to be supportive of families but have zero tolerance for the flexibility that families require. Antepartum complications in both my pregnancies were not tolerated and I went back to work after 5 weeks for my first child (low birth weight) and 3 weeks after my second child (premature). My older child had medical complications and getting time off for doctor's appointments was a nightmare.

Conclusion and Recommendations

A major strength of this study is that it surveys a diverse cohort of matriculants over eighty years from a single medical school who went through hundreds of graduate medical training programs in two dozen specialties. The response rate of 70% was excellent for a mail survey, suggesting that the data is representative of the entire cohort. The ability to generalize to graduates of other medical schools would have to be determined; however, there is no reason to expect conflicting results. Yale School of Medicine alumnae were more likely to enter medical specialties and less likely to work in primary care medicine than other female medical school graduates nationally.[53] In addition, few women entered medical school prior to 1970, a feature inherent to all of the co-educational medical schools; consequently the population studied is smaller than subsequent decades. An analysis of non-respondents was not undertaken and may have yielded additional information.

Medical training has changed in few fundamental ways in the past thirty years, other than increasing in average length. Medical school takes four years and specialty

training ranges from three to eight years or more. The hours are grueling, responsibilities enormous, and the pressures from patients, attending physicians, hospitals, and insurance companies are high. The possibility of real changes in medical training are infrequently addressed, or, when they are, the changes come from legislative action or union negotiations and not from the medical establishment.[54,55,56] We ask ourselves in medicine to constantly re-examine the methods of treatment intended to best serve our patients. We need to re-examine the methods of training that we hope will best serve our students and residents. My research suggests that while the numbers of women medical students and physicians has increased substantially over the past eighty years, the changes in medical training and practice have been won or lost – one by one, woman by woman, school by school. There has been little institutional or structural response to the changing demographic profile of physicians or to the changing realities of family and work life in late 20th century America. Recommendations stemming from the qualitative and quantitative data collected in this study include the following.

1. With an older age of matriculation, more medical schools and residencies need to address the needs of trainees beyond the classroom. On-site child-care (in conjunction with the hospital, medical school, or other local business, if necessary) should be available to every resident and medical student. Child-care facilities with flexible hours and sliding-scale fees obviously benefit many members of the hospital and academic community. It would be naive not to acknowledge the expenditure of space, personnel, and financial resources needed for this effort. However in the same way that some hospitals have delegated food service

responsibilities to external corporations, quality child care agencies can be employed to establish and manage a medical center facility.

2. Greater numbers of women are having children earlier in their medical training. Medical school is the most flexible time during medical training. All medical schools should be encouraged to allow a fifth (or more) year for students who wish to do research, start a family, or explore other complementary health practices (for the cost of registration and insurance).
3. More fathers are involved in child-rearing. Every medical school and residency program should have a written policy regarding parental leave. It is no longer acceptable for a residency director to be surprised or dismayed by a pregnant resident or a soon-to-be father who needs time off.
4. Over one-half of physicians have children before the completion of residency. Currently, the structure of some medical residencies is so inflexible that the absence of a single resident causes hardship throughout the program. Residency programs need to build in some flexibility for shock absorption. Program directors need to utilize night float residents and must have the budget to hire community or staff physicians to help cover night call. Although shared residencies, where two residents share a single resident slot, are currently available, they involve doubling the length of training at half the pace. One respondent wrote that she had left residency because of the incompatibility of her training and her family life: "I loved ob/gyn and only quit the residency because of the grueling hours that left nothing for my kids and because I couldn't find a 'part-time' (read 50 hrs/week) residency." (YMS '83) Increased flexibility could be garnered by allowing a

resident to train at less than full-time and spread a single year of training over two years (or two residents can split a "chief" year).

5. Two-thirds of women believed that their career progress was slowed because they were also mothers. Neither men nor women should be penalized professionally for being parents. In fact, the art of parenting can supplement and complement the art of medicine in myriad ways. One graduate added, "Being a parent can make you a better doctor. It certainly helped me learn empathy and tolerance as well as a lot of practical wisdom about children (I'm a pediatrician, so parenting was worth any number of CME credits)." "Stop the clock" tenure and earnings tracks should be promoted within academic medicine.[57] Shared or part-time practices should continue to be available for both men and women without carrying the charge of being "half-the-clinician." A graduate wrote, "My 'chief' was skeptical when I requested part-time work but my medical students and colleagues are very happy with my performance, and now I have a partner with two small children who also works part-time." (YMS '82)

In conclusion, the field of medicine is making some moderate changes to accommodate the needs of physician-parents. These modifications are most apparent in private or managed care practices and in the primary care specialties where part-time work is permitted. The relationship between medicine and motherhood is an uneasy one and tolerated least well in the medical training years and in academic or highly specialized careers. The changing face of American medicine necessitates a re-examination of the policies affecting students, residents, practicing physicians, and

medical academicians at the highest level. In the same way that incremental revisions of medical admissions policies for women did little to profoundly alter the demographics of medicine, isolated improvements in some areas of medicine will not change the practice of medicine. Studies such as this one can, cumulatively, serve as one catalyst for transformation of the profession.

HENRY W. FARNAM

...OR OF ECONOMICS
...LE UNIVERSITY

43 HILLHOUSE AVENUE
NEW HAVEN, CT.

March 31,1916

President Arthur T.Hadley,

Woodbridge Hall,

Yale University.

My dear Arthur:

Word has reached me informally that the faculty of the Medical School are willing to admit a limited number of women provided they are graduates of a college and provided funds can be raised to put in a suitable lavatory. As the latter condition seems to have been considered a serious one, I write to say that in case the facts are as I understand them I shall be glad to be responsible for meeting the expenses of suitable lavatory arrangements.

Believe me

Yours very sincerely,

Henry W. Farnam.

Addendum 2

Decline of the Woman's Medical Colleges[6]

College	*Founding Date*	*Enrollment 1893-1894*	*Enrollment 1907-1908*
New England Female Medical College Boston, MA	1848	merged 1873	--------
Woman's Medical College of Pennsylvania Philadelphia, PA	1850	192	138
New York Woman's Medical College New York, NY	1863	43	20
Homeopathic Medical College for Women Cleveland, OH	1868	merged 1870	--------
Woman's Medical College of the New York Infirmary for Women and Children New York , NY	1868	82	extinct 1899
Woman's Hospital Medical College Chicago, IL	1870	merged 1892	--------
New York Free Medical College for Women, New York, NY	1871	extinct 1876	--------
Woman's Medical College Baltimore, MD	1882	28	28
Woman's Medical College St. Louis, MO	1883	extinct 1884	--------
Woman's Medical College Cincinnati, OH	1887	34	merged 1895
Woman's Medical College of Georgia Atlanta, GA	1889	extinct 1896	--------
Presbyterian Hospital and Woman's Medical College Cincinnati, OH	1891	--------	merged 1895
Northwestern Woman's Medical College Chicago, IL	1892	119	extinct 1902
St. Louis Woman's Medical College St. Louis, MO	1894	43	extinct 1896
Woman's Medical College Kansas City, MO	1895	--------	extinct 1903
Laura Memorial Woman's Medical College Cincinnati, OH	1895	--------	extinct 1903

Addendum 3

U.S. Medical Students from 1942-1945 by Total Enrollment and Percent Women

Year Entered Medical School	*Number of Women*	*Total Enrollment*	*Women as percent of Total*
1945	875	6,060	14.4
1944	416	5,750	7.2
1943	318	5,751	5.5
1942	259	5,655	4.5

Adapted from Doctors Wanted: No Women Need Apply by Mary Roth Walsh. Yale University Press. New Haven and London 1977. 230.

Addendum 4

Women Medical Students 1941-1956

	Women Students	*Percent of all Students*
1941	1,146	5.4
1942	1,164	5.3
1943	1,150	5.1
1944	1,176	5.0
1945	1,352	5.6
1946	1,868	8.0
1947	2,183	9.1
1948	2,150	9.5
1949	2,100	8.9
1950	1,806	7.2
1951	1,564	5.9
1952	1,471	5.4
1953	1,463	5.3
1954	1,502	5.3
1955	1,537	5.4
1956	1,573	5.5

Based on American Medical Association statistics, JAMA 1956;161:1658.

Addendum 5

MEDICINE
Motherhood • Fatherhood
Yale School of Medicine • 251 Dwight Street • New Haven, CT 06511

November 20, 1997

Dear Colleague:

The three top medical schools in the nation - Yale, Johns Hopkins, and Harvard - are graduating classes next year that are a majority female. In the last decade the average age of matriculation has risen from twenty-two to twenty-five. These two demographic factors have profoundly altered the face of medicine.

As part of my senior medical thesis at Yale, I am conducting a survey of all female graduates of Yale School of Medicine since 1922. This survey is written to explore the careful balance between one's family and career as a physician, serving as a resource for the next generation of female physicians. The first half of the survey, studying women from YMS classes 1922-1989, was completed and analyzed last year. The second half of the study involves the younger generation of physicians and physicians-in-training. I hope that you will consider participating in this study. The results will be widely distributed to medical schools, hospitals, and students. Your perspective is crucial to the success of this study.

The survey should take no more than 15 minutes to complete, although any additional thoughts or comments would be welcome. All information will be treated as confidential. Surveys will be analyzed collectively and neither your name nor any other identifying information will appear in any publication. The survey should be completed and returned in the enclosed, stamped envelope as soon as possible.

I am grateful for this investment of your precious time. Thank you very much in advance for your participation.

Ruth A. Potee, YMS `98
617-254-0833

ART I

The first portion of this survey is needed to collect general demographic information from our participants. Please check one box for each of the following questions.

Where are you now in your medical training?

- ❑01 1st year medical student
- ❑02 2nd year medical student
- ❑03 3rd year medical student
- ❑04 4th/5th+ medical student
- ❑05 1st year resident
- ❑06 2nd year resident
- ❑07 3rd year resident
- ❑08 4th year resident
- ❑09 5th year+ resident
- ❑10 Completed training and in practice

. Which of the following most closely describes your chosen medical specialty? If you are still in your first three years of medical school, please check #31 .

- ❑01 Allergy/Immunology
- ❑02 Anesthesiology
- ❑03 Cardiology
- ❑04 Dermatology
- ❑05 Emergency Medicine
- ❑06 Family Practice
- ❑07 Genetics
- ❑08 Internal Medicine
- ❑09 Neonatology
- ❑10 Neurological Surgery
- ❑11 Neurology
- ❑12 Nuclear Medicine
- ❑13 Ob/Gyn
- ❑14 Oncology
- ❑15 Ophthalmology
- ❑16 Orthopedic Surgery
- ❑17 Otorhinolaryngology
- ❑18 Pathology
- ❑19 Pediatrics
- ❑20 Physical Med/Rehab
- ❑21 Plastic Surgery
- ❑22 Preventive Medicine
- ❑23 Psychiatry
- ❑24 Public Health
- ❑25 Radiology
- ❑26 Research
- ❑27 Rheumatology
- ❑28 Surgery
- ❑29 Urology
- ❑30 Other - please specify
- ❑31 Medical student (YMS I,II,III)

. If you have finished your residency, which of the following most closely resembles your practice?

Employee of:

- ❑01 Hospital
- ❑02 Physician Group
- ❑03 HMO
- ❑04 Government
- ❑05 University/medical school
- ❑06 Ambulatory care center
- ❑07 Military

Self-employed in:

- ❑08 Solo practice
- ❑09 Partnership
- ❑10 Group Practice

- ❑11 Retired
- ❑12 Other - please specify _____

. For residents and practicing physicians, how many hours per week, on average, do you work?

- ❑1 Less than 20 hours
- ❑2 20 - 40 hours
- ❑3 41 - 60 hours
- ❑4 61 - 80 hours
- ❑5 81 - 100 hours
- ❑6 More than 100 hours

. What is your marital status?

- ❑1 Single
- ❑2 Married
- ❑3 Partnered
- ❑4 Separated
- ❑5 Divorced
- ❑6 Widowed

. Which of the following best describes your living situation?

- ❑1 Live alone
- ❑2 Live with spouse
- ❑3 Live with friends/family
- ❑4 Live with significant other
- ❑5 Other

. If applicable, what does your spouse/partner do for a living?

- ❑01 Accounting/Investment
- ❑02 Architect
- ❑03 Artist
- ❑04 Attorney
- ❑05 Business/Management
- ❑06 Carpentry/Construction
- ❑07 Education
- ❑08 Engineer/Technology
- ❑09 Government
- ❑10 Health Provider
- ❑11 Manufacturing
- ❑12 Non-Profit
- ❑13 Physician _____(specialty)
- ❑14 Retail
- ❑15 Self-employed
- ❑16 Student
- ❑17 Tradesperson
- ❑18 Other - please specify _____

. How many hours per week, on average, does your spouse/partner work?

- ❑1 Less than 20 hours
- ❑2 20 - 40 hours
- ❑3 41 - 60 hours
- ❑4 61 - 80 hours
- ❑5 81 - 100 hours
- ❑6 More than 100 hours

. What is your ethnic/racial origin?

- ❑1 White
- ❑2 Black
- ❑3 Hispanic
- ❑4 Asian
- ❑5 Native American

0. What is your approximate annual household income? _____

1. What year were you born? 19____

2. What year did you begin medical school? 19____

3. What year did you or will you graduate from medical school? 19____

4. What year did you or will you finish your formal training (residency and fellowship)? 19____

5. Do you have children (by birth, marriage, or adoption)?

- ❑1 **Yes**
- ❑2 **No**

- If your answer to Question #15 was NO, and you do not plan to have children, please continue to question # 16 on page 3.

- If your answer to Question #15 was NO, but you plan on having children, please continue with question #21 on page 5.

- If your answer to Question #15 was YES, indicating that you have children, please skip to question #35 on page 9

PART II For women *without children* only (If you plan to have children, go to 1)

The following series of statements are intended to better understand issues surrounding the decision not to have children. Please rate the statement according to its impact on your situation.

6. Did experiences in any of the following stages of your medical training affect your interest in having children?

	Strongly Discouraged	Slightly Discouraged	Did Not Affect	Slightly Encouraged	Strongly Encouraged
College	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
Medical School	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
Internship	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
Residency	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
Practice	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

7. Please place a mark on the line graphs below measuring the extent to which you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I am not interested in having children.				
My partner/spouse is not interested in having children.				
I do not have children because I ccould not conceive or carry a child. *(If this is the case, at what age was this known: ____)*				
I can not have children because my partner/spouse has problems with fertility.				
I do not have a partner/spouse with whom to have children.				
I feel as though I have had to choose between medicine and motherhood.				
The type of medical practice I chose is especially incompatible with raising a family.				
I do not feel as though I can be both a good mother and a good doctor.				
I want to pursue a career in academic medicine and think that children will interfere with my career.				
I don't feel pressure from society or family to have children.				
I wanted to pursue interests outside of medicine and know that children will complicate matters				

1. Please place a mark on the line graphs below measuring the extent to which you agree or disagree with the following statements.

a. I am better able to care for my patients than my female colleagues with children

Strongly Disagree — Disagree — Agree — Strongly Agree

b. I am able to advance more quickly in my career than my female colleagues with children.

Strongly Disagree — Disagree — Agree — Strongly Agree

c. Overall, I am satisfied with my career as a physician.

Strongly Disagree — Disagree — Agree — Strongly Agree

d. Overall, I am satisfied with my home and family life.

Strongly Disagree — Disagree — Agree — Strongly Agree

e. Overall, how has not having children affected your career progress?

Marked Slowed — Slowed — No Effect — Enhanced — Markedly Enhanced

9. Please estimate the number of hours spent engaged in the following activities in an average week.

Family

_____ Being with spouse/partner

_____ Caring for parents or other family member

Household

_____ Chores (laundry, shopping, cooking etc.)

_____ Management (bills, investments, etc)

_____ Chauffeuring/Commuting

Friends/Community

_____ Civic activities/politics

_____ Volunteer activities/charity

_____ Visiting with friends/family

School

_____ Lecture/school activities

_____ Studying

Work

_____ Patient care

_____ Research/writing

_____ Teaching

_____ Administration

Leisure

_____ Reading/writing

_____ Exercising

_____ Pets

_____ Watching TV/Movies/Theatre

_____ Other hobbies

10. Please describe any other ways in which your career as a physician has impacted the design of your family or your life.

Please feel free to comment on any other aspect of your life as a woman and a physician on the blank back page of this survey. This survey should be returned in the enclosed, stamped envelope. Thank you very much for your time and consideration.

PART III For women *who are planning to have children* but are not yet mothers

The following questions focus on some of your expectations of the balance between medicine and motherhood. Although much of this is speculative, please answer to the best of your ability.

1. How many children do you hope to have? _____

2. Do you plan to adopt children?
   ❑1 Yes ❑2 No

3. Although difficult to predict, at what ages do you hope to have your children?

26 27 28 29 **30** 31 32 33 34 **35** 36 37 38 39 **40** 41 42 43 44 **45** 46 47 48 49

Please mark all children on this line graph

4. How much time do you hope to take off to have your first child (delivery and post-partum)?

❑1 6 weeks or less
❑2 6 - 10 weeks
❑3 10 - 16 weeks
❑4 4 - 8 months
❑5 8 - 12 months
❑6 12 - 18 months
❑7 18 - 24 months
❑8 2 years or more

5. Beside yourself, who do you predict will care for your first child in the first years of her or his life? (Only check those who will provide care ten or more hours per week. You may check more than one.)

❑1 Spouse/Partner
❑2 Other Family Member
❑3 Neighbor or friend
❑4 Nanny/Live-in help
❑5 Day care - on work site
❑6 Day care - off work site
❑7 Day care in private home

6. How would you measure the support of your colleagues at work in regard to your intentions to start a family?

Strongly Unsupportive — Unsupportive — Supportive — Strongly Supportive

7. How would you measure the number of role models you have had who are physicans and mothers?

None — Few — Many

8. The following are statements regarding the decision to start a family. Please place mark on the line graphs below measuring the extent to which the following statements agree disagree with your situation.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I have not yet felt ready to be a parent				
I am waiting until I am more financially stable				
Although I want them someday, I do not have a spouse/partner with whom to have children.				
I am beginning to feel the pressures of the "biological clock"				
My partner/spouse had not yet felt ready to be a parent				
I want to be further along in my training/ career before starting a family				
I am worried that I will not be taken as seriously as a physician if I have children during my medical training				

29. When you think of yourself in the dual role as a mother and a doctor in the future, how much do you think any of the following items will be **rewarding** to you?

	Not at All	Somewhat	Considerably	Extremely
a. Feeling as though I can "do it all"	❑1	❑2	❑3	❑4
b. Pleasure in bringing home a good salary for my family	❑1	❑2	❑3	❑4
c. Feeling as though I may be a better doctor because I am a parent	❑1	❑2	❑3	❑4
d. Feeling that I will be a good role model for my children	❑1	❑2	❑3	❑4
e. Feeling as though I will have been able to strike a good balance between my career, my family, and my children	❑1	❑2	❑3	❑4
f. Feeling as though I will be a good role model for my colleagues or students	❑1	❑2	❑3	❑4
g. Feeling as though I will break ground in medicine by being a mother and a physician	❑1	❑2	❑3	❑4
h. The pleasure of being a parent.	❑1	❑2	❑3	❑4

). When you think of yourself in your dual role as a mother and a doctor in the future, how much do you think the following items may be **of concern** to you?

	Not at All	Somewhat	Considerably	Extremely
Too little time spent advancing my career	❑1	❑2	❑3	❑4
Too little time spent with patients	❑1	❑2	❑3	❑4
Too little time spent with my family	❑1	❑2	❑3	❑4
Concerns about the quality of my medical care	❑1	❑2	❑3	❑4
Concerns about the quality of my parenting	❑1	❑2	❑3	❑4
Worries that my work is too taxing on my family	❑1	❑2	❑3	❑4
Concern that my spouse/partner will have to give more because I will have had to give less	❑1	❑2	❑3	❑4
Only having room for two things in my life: mothering and doctoring	❑1	❑2	❑3	❑4
Feeling ambivalent towards medicine after having children	❑1	❑2	❑3	❑4
Uncertain whether I chose the right career	❑1	❑2	❑3	❑4
. Uncertain whether I should have become a parent	❑1	❑2	❑3	❑4
Feeling as though I will be treated differently from colleagues who are not mothers	❑1	❑2	❑3	❑4
1. Feeling as though everyone will get taken care of except me	❑1	❑2	❑3	❑4
. Worried about my relationship with my partner/spouse	❑1	❑2	❑3	❑4
. Feeling as though I should have had children earlier in my career	❑1	❑2	❑3	❑4
. Concern that I will be put on the "mommy track" at work	❑1	❑2	❑3	❑4

31. Have you had problems with fertility or concerns about bringing a child to full term?

❑1 No ❑2 Yes (If yes, please describe)

The following are questions that are more open-ended. Please feel free to answer them as fully as possible. More room is available on the back page of this survey.

2. Much has been written in both the popular press and scientific literature about potential complications with "delayed childbearing." Most female physicians are in medical school and training during the years considered the most ripe for child-bearing (twenties and early thirties). Please describe the ways in which this described conflict has affected you or the decisions you will make.

33. What are some of the things that would make the balance between your career and your family easier?

34. What advice have you been given that has been helpful during your medical training about motherhood and medicine?

Please feel free to comment on any other aspect of your life as a woman and a physician or physician-in-training on the blank page on the back. This survey should be returned in the enclosed, stamped envelope. Thank you very much for your time and consideration.

ART IV For women *with children* only.

If your answer was YES to Question #15, please continue with this survey at this point. The first questions in this section ask for a factual description of your childbearing years. The second portion asks you to explore your experiences as both mother and physician.

5. How many children do you have? _____

6. Are you planning to have any more children? _____ (how many?)

7. What was your age at the birth of your first child? _____

8. What was your age at the birth of your last child? _____

Please answer the set of questions for each of your three eldest children. Child 1 is your eldest child, Child 2 is your next eldest, and so forth.

CHILD 1

. Year of birth 19____

. How did this child enter your life?
- ❑1 Birth
- ❑2 Adoption (*year?* _____)
- ❑3 Marriage (*year?* _____)

3. For your first child, how many weeks or months did you take off from training or work for delivery and post-partum leave?
- ❑1 6 weeks or less
- ❑2 6 - 10 weeks
- ❑3 10 - 16 weeks
- ❑4 4 - 8 months
- ❑5 8 - 12 months
- ❑6 12 - 18 months
- ❑7 18 - 24 months
- ❑8 2 years or more

4. Do you think the amount of time you took off from work was:
- ❑1 Too short
- ❑2 Appropriate
- ❑3 Too long

5. When you returned to work initially, was it:
- ❑1 Full-time (same # of hours as before the child)
- ❑2 Full-time (fewer # of hours as before the child)
- ❑3 Part-time

6. When in your medical career did your first child enter your life?
- ❑01 Before medical school
- ❑02 1st year medical school
- ❑03 2nd year medical school
- ❑04 3rd year medical school
- ❑05 4th/5th medical school
- ❑06 1st year residency
- ❑07 2nd year residency
- ❑08 3rd year residency
- ❑09 4th or more residency
- ❑10 1-2 years after training
- ❑11 2-4 years after training
- ❑12 4-6 years after training
- ❑13 6-8 years after training
- ❑14 8 + years after training

7. What child care providers, besides yourself, cared for your child in the first five years of his/her life? You may check more than one, but only check those that were used 10 or more hours/week.
- ❑1 Spouse/Partner
- ❑2 Other Family Member
- ❑3 Neighbor or friend
- ❑4 Nanny/Live-in help
- ❑5 Day care - on work site
- ❑6 Day care - off work site
- ❑7 Day care in private home

8. How satisfied are/were you with your childcare arrangements?
- ❑1 Very satisfied
- ❑2 Mostly satisfied
- ❑3 Neither satisfied nor dissatisfied
- ❑4 Mostly dissatisfied
- ❑5 Very dissatisfied

9. Was the amount of time taken off your choice or work policy?
- ❑1 My choice
- ❑2 Work policy

CHILD 2

Year of birth 19____

How did this child enter your life?
- ❑1 Birth
- ❑2 Adoption (*year?* _____)
- ❑3 Marriage (*year?* _____)

For your second child, how many weeks or months did you take off from training or work for delivery and post-partum leave?
- ❑1 6 weeks or less
- ❑2 6 - 10 weeks
- ❑3 10 - 16 weeks
- ❑4 4 - 8 months
- ❑5 8 - 12 months
- ❑6 12 - 18 months
- ❑7 18 - 24 months
- ❑8 2 years or more

Do you think the amount of time you took off from work was:
- ❑1 Too short
- ❑2 Appropriate
- ❑3 Too long

When you returned to work initially, was it:
- ❑1 Full-time (same # of hours as before the child)
- ❑2 Full-time (fewer # of hours as before the child)
- ❑3 Part-time

6. When in your career did your second child enter your life?
- ❑01 Before medical school
- ❑02 1st year medical school
- ❑03 2nd year medical school
- ❑04 3rd year medical school
- ❑05 4th/5th medical school
- ❑06 1st year residency
- ❑07 2nd year residency
- ❑08 3rd year residency
- ❑09 4th or more residency
- ❑10 1-2 years after training
- ❑11 2-4 years after training
- ❑12 4-6 years after training
- ❑13 6-8 years after training
- ❑14 8 + years after training

7. What child care providers, besides yourself, cared for your child in the first five years of his/her life? You may check more than one, but only check those that were used 10 or more hours/week.
- ❑1 Spouse/Partner
- ❑2 Other Family Member
- ❑3 Neighbor or friend
- ❑4 Nanny/Live-in help
- ❑5 Day care - on work site
- ❑6 Day care - off work site
- ❑7 Day care in private home

8. How satisfied are/were you with your childcare arrangements?
- ❑1 Very satisfied
- ❑2 Mostly satisfied
- ❑3 Neither satisfied nor dissatisfied
- ❑4 Mostly dissatisfied
- ❑5 Very dissatisfied

9. Was the amount of time taken off your choice or work policy?
- ❑1 My choice
- ❑2 Work policy

CHILD 3

Year of birth 19____

How did this child enter your life?
- ❑1 Birth
- ❑2 Adoption (*year?* _____)
- ❑3 Marriage (*year?* _____)

For your third child, how many weeks or months did you take off from training or work for delivery and post-partum leave?
- ❑1 6 weeks or less
- ❑2 6 - 10 weeks
- ❑3 10 - 16 weeks
- ❑4 4 - 8 months
- ❑5 8 - 12 months
- ❑6 12 - 18 months
- ❑7 18 - 24 months
- ❑8 2 years or more

Do you think the amount of time you took off from work was:
- ❑1 Too short
- ❑2 Appropriate
- ❑3 Too long

When you returned to work initially, was it:
- ❑1 Full-time (same # of hours as before the child)
- ❑2 Full-time (fewer # of hours as before the child)
- ❑3 Part-time

6. When in your medical career did your third child enter your life?
- ❑01 Before medical school
- ❑02 1st year medical school
- ❑03 2nd year medical school
- ❑04 3rd year medical school
- ❑05 4th/5th medical school
- ❑06 1st year residency
- ❑07 2nd year residency
- ❑08 3rd year residency
- ❑09 4th or more residency
- ❑10 1-2 years after training
- ❑11 2-4 years after training
- ❑12 4-6 years after training
- ❑13 6-8 years after training
- ❑14 8 + years after training

7. What child care providers, besides yourself, cared for your child in the first five years of his/her life? You may check more than one, but only check those that were used 10 or more hours/week.
- ❑1 Spouse/Partner
- ❑2 Other Family Member
- ❑3 Neighbor or friend
- ❑4 Nanny/Live-in help
- ❑5 Day care - on work site
- ❑6 Day care - off work site
- ❑7 Day care in private home

8. How satisfied are/were you with your childcare arrangements?
- ❑1 Very satisfied
- ❑2 Mostly satisfied
- ❑3 Neither satisfied nor dissatisfied
- ❑4 Mostly dissatisfied
- ❑5 Very dissatisfied

9. Was the amount of time taken off your choice or work policy?
- ❑1 My choice
- ❑2 Work policy

CONTINUE ➪➪➪

9. Please measure the following according to their influence on your decision have your first child.

	Not influential	Somewhat influential	Very influential
"Ticking of biological clock"	❑1	❑2	❑3
The timing was right	❑1	❑2	❑3
It was not actually planned	❑1	❑2	❑3
There had never been an easy time to do it - it was now or never	❑1	❑2	❑3
Finally financially stable	❑1	❑2	❑3
Pressure from partner or family	❑1	❑2	❑3
Better now than later - the training just gets worse	❑1	❑2	❑3
I was simply ready to be a parent	❑1	❑2	❑3

0. During the time that you had children of pre-school age, how many hours a week did you work on average?

❑1 Less than 20 hours
❑2 20 - 40 hours
❑3 41 - 60 hours
❑4 61 - 80 hours
❑5 81 - 100 hours
❑6 More than 100 hours

1. During the time that you had children of pre-school age, how many hours a week did your partner or spouse work on average?

❑1 Less than 20 hours
❑2 20 - 40 hours
❑3 41 - 60 hours
❑4 61 - 80 hours
❑5 81 - 100 hours
❑6 More than 100 hours

2. Thinking back now on your experiences with childbearing and childraising, please respond to the following statements by rating how strongly you agree or disagree.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I am able to care for my patients as well as my female colleagues without children.				
I am able to advance as quickly in my career as my female colleagues without children.				
Overall, I am satisfied with my career as a physician.				
Overall, I am satisfied with my home and family life.				

Overall, how has having children affected your career progress?

Marked Slowed	Slowed	No Effect	Enhanced	Markedly Enhanced

. When you think of yourself in your dual role as a mother and a doctor, how much, if at all, are the following items **rewarding** to you?

	Not at All	Somewhat	Considerably	Extremely
Feeling as though I can "do it all"	❑1	❑2	❑3	❑4
Pleasure in bringing home a good salary for my family	❑1	❑2	❑3	❑4
Feeling as though I may be a better doctor because I am a parent	❑1	❑2	❑3	❑4
Feeling that I am a good role model for my children	❑1	❑2	❑3	❑4
Feeling as though I have been able to strike a good balance between my career, my family, and my children	❑1	❑2	❑3	❑4
Feeling as though I am a good role model for my colleagues or students	❑1	❑2	❑3	❑4
Feeling as though I broke ground in medicine by being a mother and a physician	❑1	❑2	❑3	❑4
The pleasure of being a parent.	❑1	❑2	❑3	❑4

. When you think of yourself in your dual role as a mother and a doctor, how much, if at all, are the following items **of concern** to you?

	Not at All	Somewhat	Considerably	Extremely
Too little time spent advancing my career	❑1	❑2	❑3	❑4
Too little time spent with patients	❑1	❑2	❑3	❑4
Too little time spent with my family	❑1	❑2	❑3	❑4
Concerns about the quality of my medical care	❑1	❑2	❑3	❑4
Concerns about the quality of my parenting	❑1	❑2	❑3	❑4
Worries that my work is too taxing on my family	❑1	❑2	❑3	❑4
Concern that my spouse/partner has to give more because I have had to give less	❑1	❑2	❑3	❑4
Only having room for two things in my life: mothering and doctoring	❑1	❑2	❑3	❑4
Feeling ambivalent towards medicine since having children	❑1	❑2	❑3	❑4
Uncertain whether I chose the right career	❑1	❑2	❑3	❑4
Uncertain whether I should have become a parent	❑1	❑2	❑3	❑4

CONTINUE ➪➪➪

	Not at All	Somewhat	Considerably	Extremely
Feeling as though I am treated differently from colleagues who are not mothers	❑1	❑2	❑3	❑4
Feeling as though everyone gets taken care of except me	❑1	❑2	❑3	❑4
Worried about my relationship with my partner/spouse	❑1	❑2	❑3	❑4
Feeling as though I should have had children earlier in my career	❑1	❑2	❑3	❑4
Feeling as though I should have had children later in my career	❑1	❑2	❑3	❑4
Concern that I have been put on the "mommy track" at work	❑1	❑2	❑3	❑4

5. To the best of your ability, please estimate the number of hours spent engaged in the following activities in an average week.

Family

_____ Caring for children

_____ Being with spouse/partner

_____ Caring for parents or other family member

Household

_____ Chores (laundry, shopping, cooking etc.)

_____ Management (bills, investments, etc)

_____ Chauffeuring/Commuting

Friends/Community

_____ Civic activities/politics

_____ Volunteer activities/charity

_____ Visiting with friends/family

School

_____ Lecture/school activities

_____ Studying

Work

_____ Patient care

_____ Research/writing

_____ Teaching

_____ Administration

Leisure

_____ Reading/writing

_____ Exercising

_____ Pets

_____ Watching TV/Movies/Theatre

_____ Other hobbies

. What are some of the things that would make the balance between your career and your family easier?

. What advice would you give to other women currently in medical training about motherhood and medicine?

ease feel free to comment on any other aspect of your life as a woman and a physician n the blank page on the back. This survey should be returned in the enclosed, stamped velope. Thank you very much for your time and consideration.

Ruth A. Potee, YMS IV
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COMMENTS

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Appendix: Selection of Comments From Survey Respondents

COMMENTS

Although there are many women in medicine, I have found academic medicine (at Mass General) to be particularly backwards in terms of men or women with significant family responsibilities.

Important departmental gatherings occur several days a week. They are scheduled for 8am. It is impossible for anyone with daycare drop off responsibilities to arrive at work at 8am everyday. Inspite of complaints, the people in charge (middle-age men) insist that since these conferences are "not required", there is no need to change them. We are welcome to be absent.

Another glaring deficit is that of ~80 associate professors only 2 are women. Although women make up a substantial % of the medical work force in my work place, they tend to be in the lower echelons. There are very few women in positions of power.

COMMENTS

As I answer these questions I realize that you have left out a whole area of inquiry, which has to do with a woman's personal feelings of conflict (or lack thereof, if possible). I think I have achieved a pretty decent balance of career and child-rearing/family, but still struggle with feelings of guilt about not doing it right or not doing enough (in all areas). Doing it in this generation (mine) and for women younger than me I think is helpful in that there are plenty of women (in medicine) to talk to and get support from. Still it's hard, because most of the mothers I meet (at my son's day care) don't have expectations of such an intense career as I do. It's hard to do a medical career part-time or less intensely in any way, because women like me went into medicine with a lot of drive, interest and passion. My identity is wrapped up in it. Yet having a child is so wonderful. Now the conflict is: can I possibly manage to have a second one without having a nervous breakdown?! (or my husband). Some women older than me in medicine & with children say, do your career less now, spend time with your children, you can do more later, etc. Maybe I'll discover they are right - but women of my generation have a hard time relinquishing big parts of the career, and that is what they are suggesting. Doing less now means giving up academic pursuits, ER. Not doing less means being less of a mommy. There's no way around this, it's a real dilemma, a real <u>choice</u>. You can't <u>really</u> do it all.

Right now I feel that the number of hours I work is the largest problem. I started internship when my son was 6 mo and worked 90-100 hrs that whole year. I really missed out on his year and on being a part of his life... at one point when he was 10 months he didn't recognize me. Now I'm working 70-80 hrs a week and it's definitely less physically exhausting so I have more energy for my son & husband. My long hours though mean that my husband does the majority of the cooking, cleaning etc... this puts stress on our marriage and on me. I feel very guilty about my lack of involvement in the running of our family as well as about my small contribution to the "work" of the household. I dream of working a 40 hr week. That would definitely make things easier. It would also be easier if we could afford cleaning help.

7. What advice would you give to other women currently in medical training about motherhood and medicine?

This is a very difficult rope to walk. I find it extremely stress-full. Being a mother is extremely rewarding and then I look at where & with whom I spend most of my time and it's not with the people that are most important in my life. That's disappointing. I am lucky in that my husband is not in medicine - I think this would be very difficult with 2 people working in the very inflexible training programs that are so common. I would advise people to consider their support network... perhaps consider training near family. Consider waiting until you financially can afford some domestic help. Doing both is very stressfull & difficult. You can do both but you won't do both as well as you could do either ~~as above~~ work or motherhood alone ~~as opposed~~. Since many of us in medicine are neurotic perfectionists you have to learn to live → with lower standards... messier houses... not being well read in your field as... being late to conference because your toddler won't leave the house till he's finished his blankie... eating take out ... etc...

The medical system is designed by men for men in the days when wives stayed home. The system is not flexible for families - for men or women who have responsibilities at home. A sick child who needs to be picked up at daycare at 11:30 AM is an absolute disaster for a resident. Perhaps we could look to Europe for more family friendly training programs???

5. What are some of the things that would have made the balance between your career and your family easier?

Giving up private practice night hours earlier — I was exhausted The first 8-10 years of my girls' lives. I made a conscious decision to not keep up with all the literature in anesthesia — chose 1 journal + 1 meeting/year, faithfully went to all our teaching sessions + managed, barely, to keep up until the last few years. I was getting pretty uncomfortable in the knowledge that my knowledge base got skimpy by the year + I might not know enough to do right by my patients. I was happy to retire without harm to anyone. There is no real wa

6. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

Go for it! There is no reason to not parent and practice simultaneously if you and mate so choose. Get the best possible help — Nanny/cleaner/cook/washer/who ever you can stand to have around (not always easy to share home with others!) and afford (pay your S.S. taxes!). Try to get stable help, we changed many times, hiring high school dropouts at times — they were far more interesting than career nannies! Some of our nannies are now nurses and college profs — my husband, working at home, showed them into school when he could. Then you need to satisfy yourself with a career that permits consistency at home — maybe new salaried managed care positions will solve that problem.

to catch up once you've lagged behind + of course, no time or hope of "advancing" in career. It was worth it for 2 fine girls, but uncomfortable @ times

Please feel free to comment on any other aspect of your life as a woman and a physician on the blank page on the back. The survey should be returned in the enclosed, stamped envelope. Thank you very much for your time and consideration.

Have fun!

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COMMENTS

I had 40 years in medicine, 37 in anesthesia – a great field for women. I'm not in to bucking trad-ition; so did not try to get into surgery – at know many gyn/ob & doctors, who balance family/practice well. You can get the ours you want, the place & practice you want, f you're willing to work for it. Having ildren may take some of the drive away – ut that seemed good to me. My children assure e that in spite of multiple nannies (25 in 0 years!) & me at times working 80–100 hours en week (the first 3 years of their life), they had "good childhoods" & did not feel deprived, but erhaps hypnotic recall will bring back my lder girl's greeting at the door one evening Mama, are you going to be home all night?" — There's a heart-wringer, and there were moments like that. In terms of child welfare, I think you cannot beat mother & child spending most of their 1st year together. ut that luxury for both is hard on keeping up & is NOT essential to most. Also in terms of child welfare, I don't think I ever worried about my children being abused in my absence I might now. It was good knowing the kids' father was close by at all times when I went. They rarely had "no" parent, which probably gave them the stability & couldn't at work.

Good luck on your survey!

Over 50 years ago when I started Medical School our class had 3 women and 57 men. Although there was some open denial about "quotas" in med.schools at the time, there were rarely more than 5% women and 10% Jews in most classes. I remember 2 Japanese-Americans in the classes just ahead of me and 1 Afro-American a couple of years after me. This was part of the environment we faced. Oddly enough I don't recall being particularly concerned with this at the time,---did it seem so"normal?" Sexual harassment was extremely common, though minor, I think, and was actually expected as well as tolerated by most of the women I knew. Women were rarely accepted into the Surgical Residencies. I heard some faculty comment that women could not stand the stresses of the operating room. [the idea of surgical Nurses, many of whom had to work double shifts, never bothered them?] Pediatrics, Internal Medicine, Family Practice, Basic Science research, Psychiatry, and Public Health were considered the appropriate fields for women.

The main problems for women like me who wanted families appeared in the post-graduate years. There was very little in the way of a Maternity Leave protocol; there were little or no part-time slots for women who wanted to be home much with pre-school children. And the jobs that were made available (in my area of Pediatrics) were usually those running Well-Baby clinics, School Health programs, and some Public Health which are now almost all performed by Nurse Practitioners, regular Nurses, and Physician-Assts. Unless one had a specialized niche of expertise, the part-time jobs available were fairly boring as a steady diet. The pay scale, also, was rather low, and since House Officers of that time got little or no salary, it was hard to pay off one's debts, hire child-care, and make ends meet.

In later years when my children were older, I was able to work happily on the Clinical faculty of a Medical School and to have my own private practice. I can see that many of us could have benefitted by the counselling and support systems that are available to students now. I can see a big improvement in the morale of the women as well as in the attitude of the male faculty and other male colleagues. I hope this will continue to improve to the point where women will have equal opportunity at the top spots as well.

Meanwhile, combining career and children will continue to be stressful, I believe. There is always conflict, not just in the Medical profession, when a mother wants to be home with a sick child, for example, and has obligations outside of the home. Having to choose between attending a child's school play and presenting a paper at a medical conference.....these conflicts continue. This is where support groups, I think, and some counselling/a mentor/close colleague can be of great help.

COMMENTS

11-24-95

Dear Ms. Potter

Doubt if my responses will fit in with your objectives. I was one of 3 women in a class of 50.. ('41) Selected not only on basis of undergraduate achievement I was told face-to-face that I looked like a good risk" as Id "probably never get married". Other women of my vintage received similar comments.

We graduated into W.W.II 72 hour shifts were the rule, not the exception. So many men were overseas that we women did more than our share

More and better on site child care is the only answer today for residents - or physicians in practice. Maybe HMO's, much as I deplore their bottom-line philosophy, will be good outfits to work in. if they'll provide that care.

The happiest days of my life were in Yale Med. I never felt put down by my class-mates or professors (one past that admissions interviewer) Nor did I ever use my gender as an excuse for a lighter assignment.

Of course I have lived in the golden age of medicine. Smallpox, typhoid, pneumococcal pneumonia & polio to name a few have disappeared. Sulfonamides & penicillin came in while I was a student. Other antibiotics rapidly followed. Childhood leukemia was challenged & so on. Roe vs Wade spared us the long days & sleepless nights of trying to keep a hemorrhaging, infected woman alive, & we often failed. Pray it is not reversed by the misguided "do-gooders".

As I turn 80 I don't see medicine as the satisfying profession it was in my day. But as my 3 children in their late 40's seem to enjoy their lives in orthopedics & psychiatry.

I wish you luck and fulfillment

Sincerely

) '41

5. What are some of the things that would have made the balance between your career and your family easier?

More personal self-confidence in my ability to succeed professionally in "a man's world." Remember, I entered medical school, in the forties - during W.W. II - all my classmates were either in either navy or army uniforms. = I grew up in an era and in a social milieu in which women like me were regarded with skepticism, if not downright distrust, especially in regard to family life and its responsibilities.

6. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

It's hard to give advice on this issue. I know I could not have mustered the energy and the capacity to set priorities and to be organized that today's woman in medicine must need to have to combine motherhood + a medical career.

The need to sort out and make such a variety of choices, as confront today's women in medicine, as compared with what I had to make, seems overwhelming.

COMMENTS

I was once very ambitious about the development of my medical career, especially in academic and leadership roles - But for a variety of complicated reasons, including health and family, my ambition and energy waned. I have not become the professional role model that I thought I ought to be but my family (5 kids), combined with my non-prestigious, but intellectually challenging and varied professional activities, have been very satisfying and kept me feeling very much alive.

5. What are some of the things that would have made the balance between your career and your family easier?

1) If I had lived and worked in the same city. I don't regret what we chose, but it would have been easier

2) The fact that I had live-in help made all the difference — I don't think I could have done it commuting so far without it

3) I was fortunate to be working in a university setting with an understanding boss (male) during the early years. Very few male employers of that generation would — have

6. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

If you genuinely love children and young people and want children of your own, then go for it! The problems of balancing motherhood and career/work at any job are obviously unique today to medicine. Employers in all kinds of work situations are beginning to address the need for flexible work hours, shared work schedules, child care opportunities etc.

What is unique to medicine, however, is the wide range of career choices within medicine and the opportunities for staying in your career on a somewhat curtailed basis for a few years and then expanding later on. Women in medicine also have an economic advantage in hiring child care and even if most of your salary goes to live-in care in the beginning, it's worth it!

Please feel free to comment on any other aspect of your life as a woman and a physician in the blank page on the back. The survey should be returned in the enclosed, stamped envelope. Thank you very much for your time and consideration.

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COMMENTS

I found questions #11 44 difficult to calculate and my answers are probably not too accurate! When my children were under twelve, I was commuting 40 miles to work and was sometimes delayed coming home, so actually my workday was 7 am to 6:30 p.m. This points to another variable, i.e. the work location of the spouse (in my case he commuted 40 miles in the other direction), which can influence choices of home location, child care etc. I would be interested in having feedback from this study. I have many female physician friends (including college and med school, residency etc.) who are married with children. The majority of my generation have had stable marriages, the children have turned out very well and they have done well in their careers. Some were able to continue work when their children were young and a few stopped working altogether during that period. A minority did not pursue a medical career at all once they married (3 I know personally). I kept working because (1) I enjoyed it and (2) I felt I could not get back into a satisfactory career track if I stepped out and fell behind my peers.

COMMENTS

Sorry I can't do a better job on this for you — I loved my practice of pediatrics (solo) .... but I acquired a 7 year old stepson ~~by~~ who needed a stable family life and so felt it was best to go to clinic & public health care rather than private practice for being a perfectionist I knew I couldn't do my best for my family & my practice I eventually gave up all pediatrics when we adopted our 2nd child & moved to PA. from N.J. ..... We later had 2 children of our own. My husband was in medical admin. & finally in the practice of internal med. & GI as a staff physician at Henry Ford Hosp. in Detroit, MI. I felt it necessary to continue to stay at home since he became more burdened by the paperwork that has become such a hallmark of this profession, making it hard for him to be at home as much as he would have liked. I considered going back to pediat 10 years ago but found that so much had gone on in my absence that I'd really need to go back to school. I elected not to & still felt needed at home — He developed cardiomyopathy 17 years ago & went downhill very slowly, dying finally 1 1/2 years ago — I am so grateful that I was home with him those years (as well as the preceding ones) and wouldn't change anything that I've done regarding my career choices. Raising my children was my first priority.... I have used my training in the home as well as in raising the children of 2 teachers for the past 9 1/2 years ..... I also run the nursery at church every Sunday morning. My eldest son is a physician on the staff of Harper & Receiving Hospitals in Wayne State Univ. & my youngest son is at Wayne State taking courses in hopes of gaining admission to their medical school.

6. What are some of the things that would make the balance between your career and your family easier?

We have an unusual and wonderful arrangement. My husband + I each work part time – job-sharing – in a hospital based practice. I work one week (he's off), he works one week (I'm off) then we have a week off together, etc, etc. We each stay home and care for our 3 kids when we're not working – we have a great balance between work + family. We could use a little more baby sitting to have time alone together.

7. What advice would you give to other women currently in medical training about motherhood and medicine?

Advice? Be home with your kids as much as you can when they are small – they grow so fast (have you heard that before?) How much you "can" depends on how much you want to, your type of work-demands, how good a parent you are when you're with your kids a lot or a little – follow your heart and find a good partner.

Please feel free to comment on any other aspect of your life as a woman and a physician on the blank page on the back.
This survey should be returned in the enclosed, stamped envelope.
Thank you very much for your time and consideration.

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COMMENTS

My husband and I have gotten nothing but positive feedback for our arrangement. Every older physician in our group who decided not to spend lots of time with their kids when they were small is now sending them off to college wishes they had it to do over again.

Work as a physician - especially a radiologist - is tremendously rewarding for me. I love my work. I am so glad that I don't have to give up working in order to be so totally involved with raising my 3 great kids.

When they are older, perhaps I will work more. Perhaps I won't. Probably, I will. My husband will garden.

Good luck!
Ruth

46. What are some of the things that would make the balance between your career and your family easier?

Being able to work fewer hours, getting more help c household chores/management from spouse, having more $ so I could hire someone to do more housework (I do have someone clean house for me every other week), having on-site daycare to cut down on commute time, needing to sleep less.

47. What advice would you give to other women currently in medical training about motherhood and medicine?

They are compatible. It's a struggle but worth it! I think I'm a better mother because I love my work & a better MD because I love being a mom. Having a child has enriched my life beyond measure. I have temporarily (I think/I hope) given up teaching & research to give me more time with my family & for me it's a reasonable trade-off. I'm currently job-sharing with another mom MD and it's → over

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COMMENTS

working out very well. I do not think I'd be as happy as I am as mother or NP if I worked full-time. I work 70% now & wish I could cut back to 50-60%, but I can't for financial reasons. But having an extra day off/week & shorter days to spend more time w/ my daughter is great!

COMMENTS

It is difficult to stay abreast of new medications/practices and completely up to date when you take off 3-6 months of maternity-time. It's easy to get "rusty". It's hard to get CME credit & read journals etc. with very little time to spare after meeting all your childrens needs.

Being a good mother part-time and being a good physician part-time is a lot of work — and a women isn't given any credit — working part-time isn't a "real" job and she has someone else take care of the kids..

My kids are more important to me than my work - even though I love medicine and my job - If I thought I could take 5 years off to be with my kids while they were young and is still find a good job and feel competent I would.

6. What are some of the things that would make the balance between your career and your family easier?

Having more control over my time - being able to set limits on how many hours/day I work in medicine would make the time I spend ≈ family less 'squeezed in' - I anticipate this will be the case when I finish residency. Also - actually # hours in pt care + dedicated time during work hours for medicine related reading + study, instead of taking more 'home' time for that.

47. What advice would you give to other women currently in medical training about motherhood and medicine?

Be honest + realistic about priorities + make decisions accordingly - if you want to spend time ≈ kids - don't do a residency or take a job that will demand all your waking (+ sleeping) hours - if career advancement is priority - limit # of kids + put off kids until after training. Otherwise, guilt + resentment at work/family pulls you away from the other result.

Please feel free to comment on any other aspect of your life as a woman and a physician on the blank page on the back.
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COMMENTS

I know very few women who 'can do it all' well. Although I love medicine & would do it all again (& can't think of nothing else I'd rather do) - I am exhausted & pulled in several different directions most of the time.

I personally feel that if I put in the hard work now (both medicine & raising the kids), things will be much easier when I finish residency, & I will still have the large family I wanted. (If I started having kids after training, I probably could not have more than ~2).

I hope this was helpful!

COMMENTS

Thank you for doing this project. It is very challenging to be a working mother and physician. It's great to see that someone is looking into these issues.

Good Luck

After my first child, I went back to work after 4 weeks because the chief resident made a mistake in the scheduling. I never complained because I thought I had no choice but it was the most painful experience of my life. If nothing else, I hope women physicians realize they always have a choice in a case like that and in many other situations.

Feel free to contact me

5. What are some of the things that would have made the balance between your career and your family easier?

Early recognition that organization in work and family life are key. Your help can only do so much and your help's performance is largely dependent on how well they are directed. Having fewer student loans ~~~~ would help alleviate the financial pressure that makes working long hours mandatory.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

1) Settle yourself financially and emotionally before starting a family. All of my peers have husbands who help more than their fathers helped their mothers. But, 90% of the psychological responsibilities of having children (ie> school selection, progress in school, arranging childcare and extracurricular activities, doing homework) remains the responsibility of the mother.

2) Get the best help you can find.

Please feel free to comment on any other aspect of your life as a woman and a physician on the blank page on the back. The survey should be returned in the enclosed, stamped envelope. Thank you very much for your time and consideration.

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15. What are some of the things that would have made the balance between your career and your family easier?

I have been lucky. There are a few things that have made it easier.

- Planning the children at transition points in my career (end of PGY-3 year prior to a transfer (spouse job) & end of residency) gave me more time with each infant without taking time from the residency or job - less resentment from fellow workers. I was fortunate to have problem free pregnancies & no fertility problems.
- working part time has allowed me more time with my kids I would find it difficult to work full time & have young kids & feel I was giving them the time & attention they need.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

- Think long & hard about it. They are well worth the effort but it isn't easy. No matter how much you pull your weight - co-workers look at you different when you are pregnant, you almost have to work harder to be equal.

No one - especially other residents & co-workers without kids wants to hear that you need to go early to pick your kids up from day-care. You need reliable - flexible day care.

If your spouse has a time consuming career it can be very demanding. Unless you have an amazing husband - most of the time the kids are the women's responsibility. The guys usually help out but the woman usually has to schedule, plan, pack etc. the kids & household on top of attending to her career.

You have very little time for just you & your spouse & even less for yourself.

If you are going to have kids - don't think you can do it all unless you want them raised by the nanny or daycare - kids need mom + dad around on a relatively consistant basis If you both want to work 80+ hours the kids with either not know you &/or resent you - act out & make your time with them less than pleasant - & you miss out on too much.

If you are a work a holic - get a fish tank.

Please feel free to comment on any other aspect of your life as a woman and a physician on the blank page on the back. The survey should be returned in the enclosed, stamped envelope. Thank you very much for your time and consideration.

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COMMENTS

I CONSIDER MYSELF VERY FORTUNATE - I HAVE A GREAT SCHEDULE. I WORK 48 HOURS/WK APPROXIMATELY BUT IT'S DIVIDED INTO 7-8 24-HOUR SHIFTS/MONTH. I AM AN IN-HOUSE PEDIATRICIAN, SO WHEN I'M HOME, THERE ARE NO WORK OBLIGATIONS.

WHILE I DO NOT DERIVE GREAT INTELLECTUAL STIMULATION OR COMPLETE CAREER SATISFACTION, IT WORKS VERY WELL FOR NOW - WHEN MY KIDS ARE ALL YOUNG, AND I FEEL, NEED ME A LOT. I FEEL AS IF I AM RAISING THEM WITH THE VALUES I WANT THEM TO HAVE. I DON'T THINK I'LL EVER REGRET TAKING THIS TIME OFF THE CAREER TRACK TO BE HERE FOR MY CHILDREN.

GOOD LUCK WITH YOUR THESIS!

FEEL FREE TO CALL OR WRITE IF YOU'D LIKE TO DISCUSS ANYTHING FURTHER.

7. Please place a mark on the line graphs below measuring the extent to which you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
. I am better able to care for my patients than my female colleagues with children				✓
. I was able to advance more quickly in my career than my female colleagues with children.	✓			
. Overall, I am satisfied with my career as a physician.				✓
. Overall, I am satisfied with my home and family life.				✓

	Marked Slowed	Slowed	No Effect	Enhanced	Markedly Enhanced
. Overall, how has not having children affected your career progress?			✓		

18. Please estimate the number of hours spent engaged in the following activities in an average week.

Family

40-50 20-30 Being with spouse/partner

____ Caring for parents or other family member

Household

1 Chores (laundry, shopping, cooking etc.)

5 Management (bills, investments, etc)

____ Chauffeuring/Commuting

Friends/Community

0 Civic activities/politics

0 Volunteer activities/charity

2 Visiting with friends/family

Work

40-50 Patient care

0 Research/writing

10 Teaching

0 Administration

Leisure

3 Reading/writing

5 Exercising

10 Pets

10 Watching TV/Movies/Theatre

3 Other hobbies

19. Please describe any other ways in which your career as a physician has impacted the design of your family or your life.

I had a total of 9½ years of residency (5 years of general very, 1 year Burn Fellowship, 3 years Plastic surgery, 6 months breast reconstruction Fellowship. During this period of time, especially during e General Surgery residency, I made many sacrifices in my personal ife. The General Surgery residency was extremely detrimental to rsonal activities. However, now that I am in practice, my urs are much better, I have much more leisure time & I am making a very comfortable living - I am quite happy with my career choice, however, I wish I had achieved this point in my life sooner (I am now 34 + just starting my practice)

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45. What are some of the things that would have made the balance between your career and your family easier?

(1) having back-up support for emergencies - e.g. when my son would get sick + couldn't go to daycare finding alternate arrangements was very difficult (no family/friends around to babysit on a last minute basis)

(2) academic medicine — too many administrative meetings scheduled for 7am or 5:30 pm "after" the work day for which you're not compensated but "expected" to be there - very family "unfriendly" (for fathers too!)

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

(1) don't look for the "best time" to have children - there isn't one! — although some planning is useful if you can do it (I planned to have my son right at the end of residency so I could take time off before I went into my 1st job + that worked well for me)

(2) working part time when the children are young is a good idea if you can afford to — it makes you feel less guilty about your child, lets you be a part of the important early years and I don't feel it impacted my career advancement significantly

(3) try to plan ahead for emergencies (sick child, nanny quits on Friday, etc.) — have some idea what you'll do to lessen the stress involved with the unexpected

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45. What are some of the things that would have made the balance between your career and your family easier?

I have a terrific husband who shares equally in childcare and in the household chores. My partner ~~at~~ at work have been accomodating to my schedule, & I ~~have~~ now work an evening to make up for missing late afternoons on 3 other days.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

It's hard to do but it very rewarding. There never a good time. You just have to do it. You have to be very efficient in order to get things done. Be aware that your children may need you more when they reach school age. I have adjusted my schedule to fit their school days for the most part. I love being a mother & being a doctor. It's a great combination!

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COMMENTS

As a black woman it has not been easy! Always having to prove yourself + your intellegence I feel I have hit the glass ceiling at age 37. I know I have alot to offer in the this new age of MEDICINE But I have never been allowed to opportunity inspite OF My efforts. I remember feeling like this in medical school, residency and now in practice. Fortunately, I have a good relationship with my patients and a supportive husband.

GOOD Luck

5. What are some of the things that would have made the balance between your career and your family easier?

I work in a major Pediatric Emergency Dept. (>60,000 pt. visits/yr.) and do all shifts (i.e. day, eve., night.) I have an extremely irregular work schedule and thus family life is difficult.

1) Regular working hours → Mon-Fri. 9-5p!
off every wkend!

2) A career that didn't drain me of nearly every drop of energy/emotion etc.

16. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

If you don't truly anticipate loving medicine and have other attributes/talents that you can develop; then do something else.

I feel that I could have done many other, less demanding jobs that could have given me similar earnings and possibly close to the same degree of satisfaction.

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5. What are some of the things that would have made the balance between your career and your family easier?

- Having a helpful partner in my life.

16. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

Having a child during medical school means that your child will be 2-4 during residency. These toddlers are verbal with feelings which they express without ~~a~~ abandon. Therefore the child will feel unloved because Mommy would rather go to work than be with the child. ~~teeth~~ The child also becomes quite clingy whenever a night is spend outside the home. My advise is to avoid having toddlers 2-4 during residency. I know the 4th year of medical school is a good time for the doctor to have a baby but it is a terrible time for the child. I therefore strongly recommend that women have children in college prior to medical school or toward the latter years of residency and beyond for (over)

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COMMENTS

flexibility in allowing appropriate quality Time for the Child.. After Residency offered me the option of a Nanny. A Nanny can do light housework, cook and do laundry. These activities can be burdonsome if they are done after Hospital, Rounds, office hours surgery etc. Also. Having these little things done allows one to spend those 2-3 hours between getting home and putting the child to bed with the child in quality activities. My Nanny has been my lifesaver. Also a housekeeper ~~can't~~ may help. ~~Also~~ Keep in mind that this is an enormous expense especially with decreasing physician salaries. but as a physician it is almost impossible to ~~need~~ pickup appointments. Remember Husbands do not always help. In fact most of my married friends still come home and do the major Household and parenting chores.

However, although I love being a physician, insurance & hospital concerns make this a career in transition, therefore the stress has increased as no one knows how much of the health care dollar we (Physicians) will sha in the future. Therefore, having a child has centered my life and given me an incentive to continue to do good work in the face of a bottom line medical Health care system. My son is the Joy in my life. My career allows me to increase the quality of life with my son.

15

15. What are some of the things that would have made the balance between your career and your family easier?

My husband starting his law training & career before 1990... Currently I'm supporting the entire family while he gets his business going - so I'm working alot and have to... (so 2 active incomes). Also, being in a medical specialty where earning potential is higher (it's not in psychiatry - but I enjoy my work!)

16. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

(1) Do it - if you can, it's a wonderful & unique path for each woman
(2) Get plenty of good help - especially childcare & mate that shares in all responsibilities & doesn't have too big of a male ego...
(3) Exercise & stay fit
(4) Enjoy your children when you can - it goes so fast.
(5) Be organized!
(6) Having a supportive family helps, too

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Thanks for the opportunity to share!

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5. What are some of the things that would have made the balance between your career and your family easier?

Excellent day care, short commute, safe community
Spouse – although his hours are long, somewhat more flexible

16. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

Think long and hard before doing it.
For me, I feel that my career, especially desire to pursue bench research, has taken a direct "beating" with the increased difficulties with funding, and inability to "eat/drink/live/do research". I'm at a distinct disadvantage. [A male colleague tried to console me by telling me that when I get old, I'll not be able to sit by a fire and take with/receive comfort from my papers & CV!]
Clinical research has also been difficult because of my particular position and the clinical demands. After patient care hours, I want and have to spend it with my children. They'll only be young once. My own parents didn't have a lot of time for me, and I don't want my children having similar memories of me. So, the "bottom line" is – I have chosen motherhood over a successful academic career, but I feel that I am an effective clinician and my children & I have a good time together.

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16. What are some of the things that would make the balance between your career and your family easier?

Fewer hours spent at work! This might be accomplished by efforts to allow housestaff to leave early post call, also possibly by efforts to streamline clerical tasks (eg computerizing pt. records).
I think that changes need to be made in medical training programs in that any job that arbitrarily requires so many hours as to make it impossible to maintain adequate relationships with spouse / children is inherently discriminatory against parents. I also think that negative effects of such a demanding job are not confined to parents!

17. What advice would you give to other women currently in medical training about motherhood and medicine?

Depends on individual situation - would advise young women to complete medical training first; for older women combining parenting & medical training is doable but at considerable personal cost. I do believe that it is possible to provide adequate childcare despite the virtual absence (at times) of one parent. However every time I have some time to myself to think (eg. vacations) I have to reconsider whether I still want to be a doctor. There's no obvious answer.

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46. What are some of the things that would make the balance between your career and your family easier?

I'm not sure there is much else to make it easier - I have a very supportive husband and family, wonderful kids, an understanding residency program, great daycare, live-in help etc — both medicine + motherhood are FULL-FULL-TIME careers and there is simply only 1 of me!

47. What advice would you give to other women currently in medical training about motherhood and medicine?

Timing is important but if you want to have a family - DO IT. - Try to pick a time that is easier i.e. Not during 3rd yr med school or internship. But don't wait for the perfect time, it won't come. You can do parenthood + medicine + do it well!

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If you can I would love to see the results of your study when you're done. Good luck.

46. What are some of the things that would make the balance between your career and your family easier?

less cleaning, more household help (but I'm not working enough hours to justify or afford that)

I'm lucky to have a super, understanding, supportive husband.

47. What advice would you give to other women currently in medical training about motherhood and medicine?

I had my 1st as a resident and still feel terrible about leaving him for so many hours. Working part-time after residency ended has been so wonderful. As a result I advise waiting to have a baby until the end of residency. However, this can be hard if you feel your "biological clock" ticking or have a deep desire to be a parent.

On the brightside, medicine, at least pediatrics is very favorable for part-time work vs. some of my friends in the business or legal sector.

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46. What are some of the things that would make the balance between your career and your family easier?

As I have stated, I finished residency in June of 1997, when my twin daughters were born, & have been at home since then. I decided not to do a fellowship that I had planned to start in 1/98 because I did not feel ready to go back to work. I will be starting a full time job in 7/98 and am quite concerned about balancing everything. A part-time job would have made me happier, & I was dissatisfied with the quality of part-time portunities. Longer & more flexible maternity leaves, as well as excellent child care options would improve life for working mom in medicin

47. What advice would you give to other women currently in medical training about motherhood and medicine?

Lifestyle should be a factor in choosing your specialty if you want to have a family (even if you want a spouse!) There is no perfect time to have babies, but I think residency may be the best time, since your presence is not critical to the operation of the hospital (depends on field, of cause) & female physicians should actively support one another as we forge new ground in this arena.

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COMMENTS

Don't feel inferior because you work "part-time". Part-time as a physician is still like a full time job in many other professions. When you are at work - give it 100% and make yourself ~~appear~~ be valuable to your partners.

Develop friendships with other women who are in a similar situation if possible. The support helps.

Allow yourself to block off a few years of your career and think of them as the "mommy years" - They'll be plenty of time ahead to work those high powered hours + jobs but your children will only be small once.

Recognize that the path of doctor + mother is not always easy or clear-cut but it can be very rewarding to you, your child + your patients.

By the way I'd love to see the conclusions of your thesis. This is a great thesis idea. Good luck.

5. What are some of the things that would have made the balance between your career and your family easier?

① More flexibility in medicine — time-sharing, part-time, etc, options.
② Less judgemental attitudes on the part of both male doctors (about "being a 100% doctor") & full-time moms (about "being a 100% mom).
③ Appreciation. ④ Accurate information about the effect of a working mom on kids.

16. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

① Marry the right man (I did!)
② Choose a relatively mom-friendly specialty.
③ Accept help.

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45. What are some of the things that would have made the balance between your career and your family easier?

1- More + better household help. ... during the years right after WWII Nobody was looking for working that type having had big money in factories etc..

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

1- Don't get pregnant until near end or end of residency

2- Choose a specialty that is realistic for a family woman (not OB. GYN. unless group etc)

3- Don't turn up your nose at salaried positions (research, administration, college health etc.)

4- Don't be "a money-grubber".

5- Stay flexible - Roll with the punches.

6- Keep your sense of humor!

7- Make vacations an important part of your life always designed to include the children.

8- Have a "date" with your spouse on a regular basis.

9- Have outlet beyond medicine - i.e sailing?

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15. What are some of the things that would have made the balance between your career and your family easier?

Better organization/time management on my part.
A role model who said it was OK to practice good medicine, not do research, + postpone/skip altogether (!) writing papers.
Ability to read/comprehend faster. (I took a basic/one-day Evelyn Wood course, but didn't + practice subsequently, so didn't + really benefit.).
→ or, better: a role model who could have shown me how to squeeze in the clinical studies, + how to write grants/politic in dept. to get help with time-consuming chart reviews etc.

16. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

It is possible: but "having it all" is not; you have to make choices, + skip or delay some things — but the experience + joy of motherhood is worth it!! (Now that my daughter is 17 + close to being off to college.)
You must have an understanding/flexible spouse or partner.
A live-in housekeeper/nanny is the best way to manage (speaking as a veteran of several arrangements): look hard for a good one, pay her well (+ pay her taxes + FICA!), arrange your home so she has a separate apartment, + be clear about your expectations; pay her separately for evening or other extra babysitting, also for times when you're out of town.
Try not to get sucked into the never-ending whirlpool of constant medicine — it can be a 24/day job if you let it, + you'll burn out, + miss your life in the process.

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45. What are some of the things that would have made the balance between your career and your family easier?

When we decided to have a child during my 3rd yr of med. school and during my husband's grant year off I had no support among my class-mates, and found (late along) some wonderful tho sole support among the pediatric faculty from Carole Stashwick (now @ Dartmouth med ctr. Ambulatory peds). I had the pregnancy for 7½ mos (I was small, wore loose scrubs, was just as active as ever), and fortunately was totally "reactive". I had my daughter during the time I was scheduled to write my thesis, did get the thesis done during that time but had to be back on rotations 6 weeks p her birth. I did breast feed 13 mos, but had to sneak off to express milk to give to my husband or sitter for the next day, and remember once bursting out in tears when I went to Fitkin 4 to collect

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

It has gotten much more sane since I did it; however, the academic world is still very discriminating against women taking time to have children or not working 60+ hrs/wk; in the business world everywhere I've worked administrations do not seem to think that a part time (or full time to part time woman MD might also be a very needed and untapped voice in department administration. I have always worked full time over the years because I see all too often how part time women are paid part-time wages and so often work at least full time. I work equal hours/call/weekends as my male colleagues, get paid for my extra sessions as they do, and have the same voice as they have by being full time - but academics + a lot of the group settings where I have worked are missing a lot of opportunities in listening to + valuing part time or less than "full time" MD's. More men need to be job sharers or part time.

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COMMENTS

I had my children between internship (Pediatrics) and residency (Psychiatry). I was 26 when 1st child was born and 28 when the twins (twin girl was unexpected!) were born. I planned to go into Psychiatry because it interested me and because I felt I could tailor my work hours to suit family needs. I chose private practice for this reason also (at least partly.) I gave my children more time than many women doctors, especially now. It took 3 yrs. off (mostly) between PGY 1 and 2. I worked at most 18 hrs. a week (doing Public Health Pediatrics) during that 3 yrs. I went back to Residency Part-time when the twins were 8 months. It took me 5 yrs. to do 3 yrs. of Psychiatry Residency. Currently, I am in Psychoanalytic Training. I began this at age 54 and am almost finished. Until my children were grown I worked part-time, increasing my hours as their school hours increased and as they got older. It was never easy. I sacrificed on both fronts. I have no easy answers for other doctors, but I think it may be better to not push the biological clock - you can't have it all!! That's my main conclusion → I would have hated to have given up either family or career, but the result was some resentment from my family and some curtailment of my career. I have come to feel this is inevitable, if you want to do both, and I did!

45. What are some of the things that would have made the balance between your career and your family easier?

Sharing my job ē another mother
Being able to work part-time

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

I hate to say this, but I think that children do need their mothers as they are growing up. Perhaps it is best to 1) not have too many children 2) stop or scale back work for the first 10-12 years of the child's life. I am not at all typical, as I had a long career before I had a child.

I retired from my job at G.W. University Med School when my son was seven. There wasn't any single reason; he just needed more of my time as he got older. Because he was learning-disabled, there were lots of appointments to go to, and at home, I became his teacher, translating assignments into visual and tactile forms, etc. (It worked! he's studying human physics at Swarthmore)

15. What are some of the things that would have made the balance between your career and your family easier?

1. Ways of doing a residency over a longer span of time, but with shorter days -
2. Longer maternity leave - I just took my 2 week vacation - would like to have taken 4-6 mos. without falling behind in my specialty.
3. Better child-care arrangements -; before and after-school arrangements (they didn't exist.) Recognition by the schools of working parents' needs when scheduling.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

If you decide to have children (and I for one can't imagine not), don't lose out on spending time with them when they are small — those first months are terribly important, and wonderful fun — I regret that I wasn't able to. Our four children have added to the richness of our lives as much as our respective professions —

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5. What are some of the things that would have made the balance between your career and your family easier?

1) a husband who is not a workaholic. → STANDARD MEDICAL BEHAVIOR
2) A medical community that acknowledges & validates motherhood or parenting and actively encourages physicians to work less than full time so they can be more effective parents.
3) A WIFE!!

6. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

Don't buy into being married to your career. Parenting is extremely rewarding and important and should not be delegated exclusively to a babysitter. My "Chief" was skeptical when I requested to work part-time, but my medical students & colleagues are very happy with my performance, and now I have a partner with 2 small children who also works part-time!

Try to have flexibility built into your schedule the time demands of children don't stop with breast-fe It's nice to be able to go to their schools & on field trips. I don't consider it a problem to be an "older" mother - I think it must be hard to have children during your training when time demands are so great.

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PS - Choosing to do this will mean a smaller paycheck (Dwight and me) & less career advancement.

COMMENTS

There is no question that my life is hectic + complicated but I love it + wouldn't change anything. Medicine is exciting and challenging. Actually, I think medicine as a career provides a lot more flexibility than some other fields so you can customize your schedule somewhat.

Life for those combining career + family will get easier as there are more women in positions of power that understand the conflicts. For now you have to have the power of your convictions + not be affected by snide comments of colleagues who don't have kids and relatives who don't have careers.

Finally - don't feel guilty about going to work and ~~do~~ for the occasional time you do - don't transmit this to your kids! For generations before the 20th century mothers were so busy at home they couldn't be free to "play" with their kids all day →

5. What are some of the things that would have made the balance between your career and your family easier?

Having a spouse who could spend more time at home

Having a larger group with whom to share call - I only have one associate in my specialty in our group practice

Requiring less sleep!

Accepting a standard less than perfection

Tort Reform! The current nasty medicolegal climate hurts all of us and adds increased stress in our lives as physicians. This stress spills over into one's home life also.

6. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

Certainly. This mixture of challenges add up to an exponential challenge because of all the added responsibilities.

But, the combination of medicine and motherhood is worth it. Take the plunge! Live the fullest of full lives!

finding an excellent childcare helper makes all the difference in the world. Strange but true, our housekeeper is jokingly referred to as "the wife's wife."

The glass ceiling still exists vis à vis women and medicine, and motherhood does impact on this problem by imposing time constraints on one's profession.

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Good luck!

15. What are some of the things that would have made the balance between your career and your family easier?

Good childcare at the hospital during training (Why not? There are hundreds of female workers with children!)
My husband working part-time
more flexibility from doctors during m
(i.e. not refusing to let me work part-time)
A better understanding, before I had children, of how much I would enjoy them + want to be with them (my mother didn't really enjoy being with us so I didn't have that kind of model). Perhaps I would have expected less of myself at the beginning + felt less guilt over not practicing later.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

Press for part-time training, jobs, etc when you are raising children so that one will be routinely available for parents (male or female).
Take care of your own health (include emotional).
Marry a man who loves children if you want them (although my husband has worked more hours than I, he is a devoted + wonderful father, + we solve all problems re our children together. This is very time-consuming but deeply satisfying.)

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45. What are some of the things that would have made the balance between your career and your family easier?

Having a job that accepts limits — vs. constant need to do more and more with less and less resources

Being able to afford working less than full-time (need to finance most of my own families' expenses and also another dependent).

Having children earlier in my career, when I had less responsibilities, + more flexibility

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

Plan for children — and substantial time with them.

Best time to have children: after training, but before major responsibilities (if in academic-or administrative-type careers

Don't try to "have it all" — why would that be an attractive goal anyway? — realize that to open doors, many other paths must be ignored.

Motherhood will make you a better doctor; being a doctor usually makes you a better mother!

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ENJOY your children -- best part of life.

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COMMENTS

I am delighted so many young women are going into medicine! It's very demanding — but a correspondingly rewarding a field. HOWEVER — I do feel strongly that they are cheating themselves and their children by postponing pregnancy. I have a bit of admiration for the women who choose a career, and forgo parenthood. The young are so very demanding. They deserve to be surrounded by happy, cheerful, strong, capable young women. (55) Mom, coming home after a hard day of work, does not have the energy and enthusiasm that makes child rearing a delight. They cannot cement the bond which make their sons + daughters ~~as~~ blessed friends + colleagues in later life. Typically a mother gives 110% of her thought and energies to her children + the children (may) live to rise up and call her blessed. Anything less + they are apt to rise up and call her 15 selfish.

45. What are some of the things that would have made the balance between your career and your family easier?

This, in my case, is looking back forty years. A little more understanding on the part of my husband would have made the greatest difference. On the whole, colleagues were understanding + cooperative, albeit I was NOT giving much to my career — always part-time only. My motive was always to learn what was important. In my case, as my husband had an independent income, earning money was NOT importa

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

1. Marry young. Start your family young — 2. Pick up your training after your youngest is six. Surprisingly, there's still plenty of time to learn the most important skills and you will have the enormous advantage of knowing the foundations of family life, early childhood ability development. The brain is being hard-wired in these EARLY years.

Please feel free to comment on any other aspect of your life as a woman and a physician on the blank page on the back. The survey should be returned in the enclosed, stamped envelope. Thank you very much for your time and consideration.

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45. What are some of the things that would have made the balance between your career and your family easier?

I was lucky. I was able to work part time and afford a "maid" (Va.) who cared for my children, cleaned + did laundry when they were 2 – 12 yrs. old.

I chose to stay home and raise the children until school age, to which my husband agreed.

I was a late bloomer and really did my most active medical work after the children were older until current semi-retirement.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

I have never regretted having spent a large part of my childbearing years staying home with my children.

My regret is that I did it so completely. I would strongly advise anyone contemplating taking time off to raise kids that they keep a hand in the profession — work at least part time — don't lose touch.

I still feel there is some real merit in spending a lot of time with the kids for the 1st three years of their lives. This limits ones options but there are still plenty of areas where we can make a big difference.

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COMMENTS

I think we women are finally being recognized as providers of a kinder, gentler attitude towards patients and towards the world in general.

Even when we have to restrict the extent of our practicing of medicine because of having children, the time we do spend is quality time and we don't sacrifice. — Patients validate this over & over. I rarely hear complaints about women physicians.

I think when we find the right balance of career & family we are able to commit ourselves more completely to each than if we're feeling guilty about neglect either. Finding the balance is the challenge.

You've got some very thought-provoking questions here. Good luck in your continuing project

45. What are some of the things that would have made the balance between your career and your family easier?

If society would really divide the work equally between the sexes! But that is not likely to happen soon. PTA, appointments with teachers, taking kids to doctor, scheduling kids' social activities arranging care of frail parents largely fall to the woman. Younger men seem to be helping more, but the work distribution is not yet 50:50.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

you can do both, but you need

1) a spouse willing to do some of the work of raising children & help with housework
2) A full-time Nanny is worth it, even if most of your salary goes to the nanny for a while.
3) Older professionals make more reliable nannies — don't rely on inexperienced "au pairs"

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COMMENTS

Child 2 page 10 No 3 and 6
My husband was drafted in the Korean War and we both interrupted our training for two years. Our second child was born while we were stationed at Plattsburg Air Force Base and I wasn't working full time during this period. I did work part time for an Ophthalmologist to keep from getting rusty.

Page 12--42 a
What is "doing it all"? Life is full of choices and priorities and no one can do it all. I love golf, but I probably didn't play 5 times from the time we finished medical school until I was in my middle 40s. We chose to practice in a town where we could live 5 minutes from the hospital and with two people on call at various times that is a necessity. We didn't take vacations without the children. I had in house help from the time we interned but never live in help. I think the women's movement degradation of domestic work has taken away a huge work force, and I sincerely believe the children are the worse for it

Page 12 43-- h
I have enjoyed bridge with a group of ladies for 30 years. Been on numerous boards many times as an officer. While the kids were young a good many activities were child related but that is true of any parent mother or father.

Comments

I thoroughly enjoyed my medical career. I never felt harassed by peers or professors. Ophthalmology is an ideal field for women because in solo practice you can pick your hours and work only as hard as you want to.

On the down side our son committed suicide at the age of 18. I will never know whether my working contributed to that, but I don't think that any parent can ever absolve themselves of some guilt feelings. It certainly does not matter whether the parent is in medicine or any other profession.

Enclosed clipping may give you more background.

COMMENTS

In considering motherhood and medicine, you left out marriage — I believe a solid marriage is fundamental to succeeding in both medicine and motherhood. It takes much compromise, maturity and flexibility to succeed in all three.

Back in the 50's, when I was getting postgraduate training in psychiatry and psychoanalysis, ~~I was~~ and was having children, I was actively discouraged from pursuing training as long as I was having children. (At Yale Child Study Center, Western New England Psychoanalytic Institute) This delayed me some 5 years or so. Thank goodness times have changed!! Women can have a different timetable — have children, work part-time and keep professional momentum and continuity. We live longer!

I plan to continue working until mid 70's — health permitting.

46. What are some of the things that would make the balance between your career and your family easier?

Its very stressful when other doctors at work are not understanding about your family life. That is part of the reason I had to change jobs + cut back to part-time. There is this constant guilt of "not pulling your weight" even if everything is getting done.

47. What advice would you give to other women currently in medical training about motherhood and medicine?

It can be done easily, but you need to think seriously about it in med school even before you are married because there are some specialties which make it impossible to be there for your kids. Also, if you can wait until after residency, it helps

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45. What are some of the things that would have made the balance between your career and your family easier?

- More hours in the day!
- More help at work with clerical + secretarial duties. Powerful computers have really facilitated my writing, research, + teaching.
- Easier access to research money for small projects
- No patient emergencies (but opting for a field without them is often less involving + less close to patients) —
- Transportation for kids from school to ballet, little league, etc. My housekeeper did alot of that, my husband did when he could, but you can't leave the OR in the middle of a case, +- Was glad when the kids learned to drive. On the other hand + Many of the trips became "quality time" with the child.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

Things that helped me:

- A spouse equally committed to my work + to our family. So my advice, pick carefully + discuss things! Mine is ~~fantastic~~
- Superb household help/child care. A reliable loving person who was with us for 24 years. Yes it was expensive — her salary exceeded ~~my~~ mine after taxes for several years, + she remained a respected colleague, not just a "child care provider". For a few years several friends and I "shared" her + that provided flexibility with less expense when kids were in school, + solved the dreaded snow days
- Strong emotional support from my parents + my husband's. Though too physically distant to fill in often, they did for some emergencies, + I always felt (still do) their strength.
- Living close to hospital + office made it possible to go back + forth easily - ie to come home + then go back if needed. Made possible to spend time at kid's schools, etc.

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Ruth - I'd be happy that sometime -

COMMENTS

Ruth, this is a nice project, & I am glad you are doing it. Your results should be interesting & useful.

I did a number of things to minimize the impact of being part time on my work & on my professional image. Many people did not know I was part time. Because of my household help (she was truly wonderful & my kids still love her), I was able to respond to patient needs, & always took full time call (i.e. same number of hours-weeks/yr as my full-time colleagues) & came back in from home to see pts if needed the same as every one else. I responded to phone calls at home & rearranged my schedule to attend important meetings or conferences. I really tried to avoid the "you can't reach her, she's just part time" syndrome. In some ways, I'm less available now that my kids are in college & working because I am more on the national circuit.

On the whole, though, when my kids were small, I felt I held the final responsibility. If my housekeeper failed me (which was very rare) or my husband was tied up I dropped what I was doing or planning to respond to children's needs. Women who choose fields with heavy emergency clinical responsibility (like surgery) need to know that someone will have to hold that final responsibility for children. If it cannot be mother, it must be someone else. It c a reality, not a product of "the system." It is how it is with chil And they are worth it! I would not trade my children for anyth

45. What are some of the things that would have made the balance between your career and your family easier?

(1) FANASTIC SPOUSE- ACADEMICIAN ALSO WHO UNDERSTANDS MY WORK NEEDS

(2) MARRYING A PHD NOT ANOTHER M.D.- ONE PERSON WITH CRAZY SCHEDULES IS ENOUGH!

(3) GREAT Colleagues/BOSS. WORK WELL TOGETHER

(4) GREAT FRIENDS & COMMUNITY TO HELP OUT

(5) NOT HAVING CHILDREN UNTIL AFTER RESIDENCY

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

(1) Possible - if make right choices - Key is a spouse who does not expect a traditional wife

(2) all parenting & chores must be equally shared - you can not do 100% wife/mother + work

(3) Personal energy - need a lot of it

(4) TAKE ONE DAY DURING WEEK TO WORK AT HOME IF POSSIBLE & KEEP to it! Can work & do some after school activities with child

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(5) DON'T Volunteer too much for any committees at work or community that takes nights & weekends away - unless your children are a part of it

(6) TRY NOT TO GO TO WORK UNTIL 9AM when child is young.

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EAT DINNER TOGETHER AS MUCH AS POSSIBLE —
PUT PHONE ON ANSWERING MACHINE & SCREEN CALLS - ONLY TAKE CALLS THAT ARE TRUE EMERGENCIES DURING DINNER!!

COMMENTS

- Another important point - pick a field that does not have so much night and weekend demand on-call work when children are small.

- Try to keep work stresses out of children's lives. They see you & "evaluate" you more as a mom - not a doctor

- as they become teens - they need you more - not substitutes -

☆ - Don't do work in the evening - spend time with children. Go to bed early & do work early in the morning - like writing & academic!

- my extended family wasn't around — & depended on friends & neighbors — I would care for their KIDS on weekends —

45. What are some of the things that would have made the balance between your career and your family easier?

More money when children were younger.
A spouse with a less demanding career, although then it would be ~~more~~ boring.
More help - i.e. live in child care provider, housekeeper, gardener.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

Don't put off. It can be done with a large amount of effort but not impossible.
Just consider putting your own personal life + needs on hold while children are young but it gets a lot easier as they grow older.
The hardest years are when children are young but they go by so quickly.
Marry a guy with a professional career; they understand your own career demands better than guys who come home and drink beer and watch TV.
Marry a guy from a liberated household where the mother also worked. (If possible. I'm being little facetious but it's true.)

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Just assume you will work hard if you juggle a career + family but it is so rewarding in the end. You will work longer hrs than residency

45. What are some of the things that would have made the balance between your career and your family easier?

This has made my life easier.
Making enough money to hire 1) a handyman
2) a nanny who chauffers my school-age children
3) a housekeeper

This allows me to focus on mothering + doctoring which is almost all I do.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine? At-home nannies are the best but hard to find a good one!

Most mother/doctors of small children work part-time. This definitely slows a career + can frustrate patients because of decreased availability + frustrates children because they want their mother all the time.

Watch out for the gender gap. My husband and I had identical training but after the children arrived we fell into a stereotypical antidiluvian relationship with him focusing on his career and me focusing on the children. He simply did not feel their needs the way I did. Our children did not demand his time the way they did mine either. To this day they complain about me working but accept his absences. My career path has been a tangle of trying to make working + family life mesh. My husband has had a straight road - we are both Yale MD's by the way.

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45. What are some of the things that would have made the balance between your career and your family easier?

If medicine had not descended into the morass of HMO delivery, I would have 25% more time. Much of the exhilaration of practice has been removed by the "need for surveillance & authorizations" by HMO's My family suffers because I am frequently exhausted when arriving home

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

1. do not work full time as defined by most large groups
2. do not assume that your spouse is as altruistic as you may be
3. do not go in committees that have night meetings or take on political work without cutting back on work hours
4. pay whatever it takes to find & keep excellent child care
5. attempt to have one parent at home afterschool every day.
6. consider that $ ≠ happiness.

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45. What are some of the things that would have made the balance between your career and your family easier?

In hindsight I can see how much time and energy young children take up but I wasn't prepared for it and didn't realize until too late how much of a strain on the marriage that was: more spouse time would have helped.

When my kids were young we were just building a pediatric practice and were being very solicitous & available to our patients. I have since learned many strategies for providing good medical care, but at my convenience - most things can in fact wait until morning and even emergencies can usually be postponed until after dinner. I interrupted a lot of family time for things that could have waited. Mostly those things are learned by experience, but maybe a mentor would have helped. Of course I was young & idealistic and probably wouldn't have paid any attention to - some things need to learn from experience

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

If you can work part-time, do so. Having a couple of weekdays to be home with the kids, participate in school & athletic events, etc. makes a huge difference

Being a parent can make you a better doctor. It certainly helped me in learning empathy and tolerance as well as a lot of practical wisdom about children (I'm a pediatrician so parenting was worth any number of CMEs)

Guilt is not a helpful emotion. It just adds to stress levels and doesn't benefit the kids - if anything it hurts the kids if it makes you do things against your better judgment

Make sure dad gets a full role - changes diapers, dresses the kids, takes care of them when they're sick, etc. Too many working mothers refuse to relinquish any part of childcare and end up making the fathers feel incompetent; then they complain that they have to do all the work. Dads parent differently than moms but that's OK - let them do it their way when it's their turn

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COMMENTS

I am delighted to see more women in medicine — I was & in the next to last class at Yale to have 10% women (i.e 9). The freshman class my Senior year had 25-30 women and it made a difference. every group of med students had 1 or 2 females.

I have now been in private practice long enough to start complaining about the changes & how things aint like they used to be. I am concerned ~~also~~ that women in medicine will be looking for HMO / clinic type work with regular hours and limited night call. The schedule is great, the starting salary is good, but the HMO calls the shots. I hope that more women in medicine doesn't ~~use~~ accelerate the trend ~~of~~ toward less physician control and greater insurance company control. I think women are less interested in the entrepreneurial aspects of medicine but I think there's a great deal to be said for physicians as independent small businesses rather than salaried employees. I know for myself the rewards of building a successful practice are well worth the extra hassles. I also think I'm a better doctor working for my own patients in my own practice: I'm more apt to stay late for ~~an extra~~ a last minute sick call. It helps to know I'm working hard for me. I wasn't as aware of that when I finished residency. I hope today's women in medicine don't look just for the (relatively) easy way

Good luck

45. What are some of the things that would have made the balance between your career and your family easier?

I have knowingly chosen the difficult way of doing things: A high pressure subspecialty — I now doing it in solo practice plus high risk older child adoptions make for a high pressure life. But then I get bored easily. Had I understood things better, I would have delegated things more. I should have saved much more money before the kids, as having to cut income by coping with boarding school has been difficult.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

Since beginning this questionnaire, & the reason for its delay, my father who moved here to be close & help with the kids & my career, had to have open heart surgery. He is having a difficult recovery so he & my mother are now taking much more of my non-existant time. Please let women know that they cannot overplan for these responsibilities. Financially, personally & professionally allowing for room to maneuver is critical. And remember partner & parents as well as children have create tremendous emotional & demands.

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(over)

COMMENTS

(49)

Medicine, as a profession, is a very jealous spouse & yet one with whom it is possible to have a very passionate relationship. I love my work — & my family. I recognize this current crunch with time will resolve — & I will be poorer for it. When my parents die, my children grow up and leave and I take a partner to share the work, I will lose some of my influence and reason for simply getting up in the morning.

My favorite quote:

"Freedom's just another word for nothing left to lose."

Janis Joplin in
"Me and Bobby McGee"

45. What are some of the things that would have made the balance between your career and your family easier?

I had an aberrant history about this and am probably an outlier – ? whose data should be tossed – for this questionnaire/sample. I took a 2 3/4 year leave from residency because of the serious illness of my husband (also a physician) in order to have children (quickly) and care for him. I knew at the time I would most likely end up being a single parent. I had 2 children, at a 16 month interval, in 2 3/4 years.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

leave, and I was widowed when they were 4 + 5, after I had gone back and completed residency (2nd & 3rd years "part time" at ~35 hours a week). Since then I have worked pretty much full time (30-45 hours a week) except for a break in 1992 when, after remarrying, I had a 3rd child.

My situation being unrepresentative I would say that if women can wait until after internship to have children. Things are less stressful that way, but programs are changing & flexible enough that any time table can be worked with these days. The important thing is not fear loss of skills/opportunities that will supposedly occur if a woman takes a decent break (up to 1 year) to be with a young child.

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45. What are some of the things that would have made the balance between your career and your family easier?

Mostly my own mental health. I actually had reasonable help, started day-care center with other NOW members, first in my home, later bought it, a house & was hard to find sitters for the kids. I believed strongly in 1:1 until age 3 in those days, & was very driven (only 5 ♀ in my class '64 at Yale) only 2 ♀ interns out of 12 at BIH. Incessed too much of my kids' lives — not in time, but in preoccupation and withdrawal. Sad.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

Make time for the children — it's not retrievable later. Make time for oneself, including friends. Medicine can be a substitute for real, intimate relationships and can be very rewarding, but also, rob us of a real authentic personal life.

Important for me to say, in reviewing the last 2 TP, that I am blessed with a loving, intact family and a few cherished old friends, but it took me a long time to see my own need for that and to feel it was OK to be human, You can call me if you'd like to talk! Mentoring would have helped me!!

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COMMENTS

I think I have not paid enough attention to the ways in which medical training and the medical establishment, being imbedded a patriarchal culture, have damaged my femininity. I tend to take it for granted that medical training is "just that way": rigid, life-denying, hierarchical, very unsupportive to the needs of the individual, rather than asking probing questions about why it has to be that way or working to change it. I have always felt that my decision not to have children came out of my family dynamics, but now see that medical training and the way medicine is being practiced these days are simply unsettlingly familiar extensions of my family dynamics. I have a female colleague, psychiatrist, who also is not interested in having children and feels that her medical school experience was so damaging that she now has symptoms of post-traumatic stress disorder secondary to it. Someone needs to further study not only that effects that our medical training and practice has had on our attitudes about child-bearing, but how it has affected us as people — biologically, psychologically and spiritually. When there is hard data out there that all of this is damaging, there might be a glimmer of a chance for some humanitarian change. Of course, we've now dealing with managed care, insurance companies and big business which further distort the medical establishment. I never until recently, believed that I would have to deal with the possibility of decreasing availability of medical + psychiatric resources, being told how to practice by insurance companies and the possibility of physician unemployment — it's all very sobering out there, whether one has children or not, and medical school applicants should be told what they're getting into!

45. What are some of the things that would have made the balance between your career and your family easier?

More household help - better quality
A spouse who was supportive & helpful with children.
Less self-pressure to prove to myself & others that I could do it all!
Different kind of practice - private practice is not a "job" - it is a WAY OF LIFE.
Permission to work part-time - mainly from spouse.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

By all means have children - they give meaning to life. But don't try to prove to yourself & others (spouse, colleagues, partners), that having children will not affect your career or work. By "doing it all", my marriage suffered & divorced. Now there is still no time for myself, or time to have a significant relationship - having children & a practice are time consuming & emotionally draining. I sold the practice to a corporation so I do not have to manage the business, but at this stage I am so burnt out nothing short of an extended sabbatical will enable me to regain my energy. As difficult as a primary care practice of AIDS patients can be the responsibility of motherhood is overwhelming & encompassing, & is the most difficult, yet most rewarding, aspect of my life.

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COMMENTS

It is difficult to find a man who is not intimidated by my role as a physician. I feel I have succeeded "too well," and finding a man who can support me emotionally is nearly impossible. By making more money than most men, having more education, & ~~the~~ having the "importance & mystique of being a physician, I feel I emasculate men just by my existence. While I am extremely attractive, stacked in great physical shape, most men are afraid of being involved with me - they erroneously assume they can't measure up.

Add to this recipe 2 small children & a demanding job, emotionally I am constantly drained. I deal with terminal patients who also need me incessantly. I feel like I have no life at present - I plan to work "part-time" in another year when my new contract permits - I also just hired another physician so I can work less & figure out my life.

But I <u>do</u> love being a physician & a mother - it's a love-hate relationship. I just wished I had more time & a spouse to support me emotionally & financially - I need a "wife"!

45. What are some of the things that would have made the balance between your career and your family easier?

Setting my goals more realistically and accepting them as overall life goals. I felt it was not possible to pursue academic pursuits (e.g. writing papers) while doing patient care and family life.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

① Be organized and make use of your time efficiently. (minimum waste of time — listen to audio digest in the car en route to picking up your children — Do Laundry + read your journals at the same time. — Do paper work / read while kids are doing homework

② get to know good people to do housework, Laundry + some cooking. and accept their limitations + be good to them. e.g. if they're loving to your kids and keep the house in reasonable order, accept not so great cooking

③ Demand from your spouse what is possible for his personality + work - some c

above all, 't be d on yourself x are not ing A's ll

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help a lot. Some do better by having more outside help. + concentrate on just sharing the family fun + kids-time.

④ Try to have lew hours a week self-time (I'm not get good at it), so you are a happier person to be around.

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COMMENTS

After working part-time (Inland Marine for 13 years after residency, I decided to take some time off to be at home with my (then) 4 year old (pre-school age) and 8 and 10 year olds. (7/94) Child-care was not consistent (several frequent changes) and I wanted to be with my family more. We were financially able to have me quit work, also. We have been very happy with this decision, and our lives have all been happier because of it. I will probably return to work (part-time) only when my youngest is in school full-time (he only goes 1/2 days to Kindergarten now).

Hope this helps. Good luck.

45. What are some of the things that would have made the balance between your career and your family easier?

If my husband had helped more while we were married, and was supportive. If I had been able to have full time help in the home — my "ex" was opposed. Once devorced, I could not afford it.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

Do not be afraid to do both, but be very sure you want to. Be absolutely certain your husband/partner is willing to help with chores + child care. If he is not willing to help before children, watch out. Also, be sure you have good communication - it is needed

One other point, there is more to medicine than full time practice. I was able to work part time very meaningfully for 9 years and could have done so longer if I had wanted to

Please feel free to comment on any other aspect of your life as a woman and a physician on the blank page on the back. The survey should be returned in the enclosed, stamped envelope. Thank you very much for your time and consideration.

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COMMENTS

I have realize from my age of birth and from the year I graduated (1962), very few women went to med school then. Also realize that women did not work when ~~they~~ their children were young nor deviance in white middle to upper class America. Some things should be easier now.

My ability to earn $ and the need to spend time as it definitely took a toll on my marriage. Interestingly enough, my ability to earn $ allowed me to get out of a lousy marriage because I could afford it.

My career has really taken off since I no longer have children at home, as I am free to concentrate on it. I do not regret having had children however, and being with them earlier in my career. It has not hurt me now.

45. What are some of the things that would have made the balance between your career and your family easier?

Having an excellent nanny or au-pere or live-in helper for stable, good-quality child-care when the children were younger and I was struggling to work full-time in the P.H.S.

Being a parent, however, has made me a much smarter (more experienced) physician, and a more compassionate one.

This society does NOT truly value children, or understand what they need to be healthy emotionally. It puts tremendous strain on working parents, which I understand

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine? If you cannot put your children first, better not have them.

I believe it is crucial for women (and men) to put the needs of their children first, and NOT second to career. Who else will make the children their central priority, other than the parents who beget them? This does not mean one shouldn't pursue medicine, or that one shouldn't have children, but it is a false and (I believe) cruel fallacy to say, "You can have it all" without really understanding that the children's needs (especially emotional) are not something one can put on hold, without an unacceptable price to pay in the future, in damaged human beings.

I finally stopped feeling guilty about putting my children's needs first, and I am quite happy.

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I'm an excellent (though low-volume) physician, and a good mother, and I believe that other-job to be the more important of the two as we look one hundred years down the spiral of time.

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(see over for comments) →

COMMENTS 1-12-96

I am dissatisfied in some respects in my role as physician, but that is because I am seeing more and more the inadequacies of "Western medicine" (or allopathic medicine) & the challenge of really healing people.

As I age and grow more knowledgeable, I have become much more holistic in my approach to medicine and to life, and I am often shocked by the spiritual/emotional ineptitude I see in much of the allopathic care practiced around me. I do not want to be part of such "medicine."

I consider myself a healer, and I thought that this is what being a physician should be, but I see many physicians who are not good healers, and who even hurt people unintentionally, sometimes unknowingly, by their noncompassionate approach.

These noncompassionate physicians are the product of a dehumanizing and dysfunctional training system and of unrealistic demands for work, at the expense of truly taking care of themselves first. We live in a sick society, & we must nurture ourselves (and our families) in order to have the strength to serve others well.

COMMENTS

We are lucky to be in a field in which we can earn enough money to take care of our families and feel a sense of satisfaction about doing good in the world. We need to keep visibly fighting for support in the work place for parenting not just mothering. The system must have flexibility for meeting personal emergencies large and small. (A school play, teacher conference, childhood illness, ageing parent crisis)

I would not give up either half of my double-work life. I have always felt I should be able to spend more time in all spheres of my life -- work, family, hobbies!! How fortunate I have been. If only there were a few more hours in the twenty-four!!!

45. What are some of the things that would have made the balance between your career and your family easier?

After the children were born - I was never able to take much time off due to my patient responsibilities. But I don't see anyway around that problem - in certain jobs

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

The H.M.O. setting has worked the best for me. I've been in private practice and I've taught in a University Hospital. Currently, I work very hard while I'm at Kaiser... But when I leave, I'm really off and can spend more quality time with my family.

I have had a housekeeper for 10 years now who comes to our house (she's not a live-in). She provides excellent care in my home for my children. She does chores, runs errands, & cooks dinner.

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COMMENTS

I have sometimes thought about what my life would be like if I didn't have children. I'm fairly certain I would have stayed teaching at the University Hospital and had a more exciting and rewarding career. However, I feel there is something very special about raising children that a career could never replace. When I was younger I took my family for granted but as I grew older I also grew to appreciate being a part of a good family.

45. What are some of the things that would have made the balance between your career and your family easier?

- Trained with an eye toward independent practice sp. re part-time work (difficult to predict in these changing times)
- Been rich. Used hired help for chores more than we have done. Had a live-in or in-home caregiver.
- Specialized earlier, shortened the time in medschool/residency as much as possible The worst time to have kids is residency.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

Unfortunately it's probably still better to marry a doctor than be one, if you're a woman. Be ruthless about getting your fair share in your profession. Where I work, there is still an implicit assumption that if a man spends the day on the golf course with his cronies, he's at "work" but if a woman stays home with a sick child, she's "on vacation". And of course the female physicians are generally paid less relative to their qualifications partly because it's assumed they don't have a family to support and therefore don't need the money (all the 14 men in our group have nonworking wives at home).

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COMMENTS

Thank you for doing this survey!
I hope that your findings / theses will be available for us graduates to read.

Being both a mother and full-time physician is unquestionably the hardest thing I've ever had to do. What makes it hard is *not* the work, but the fact that I must give up precious time with my child to continue my career, and yet, that I can't find enough time to devote to my career. (I guess it's just been very hard to achieve a balance). I think that the perfect job would ① provide excellent on site day care for infants → ~~pre~~k, toddlers/pre K, and ② would allow parents to cut back to working school hours (8-3 more or less) when their children are in grade school eh.. Overall, in addition to being chronically exhausted & anxious I feel really fortunate to be able to have two, wonderful, fulfilling jobs. Really, though, being a mother is infinitely more satisfying (at least right now) than being a doctor.

COMMENTS

Excellent idea for a thesis!

One thing that has surprised me is how little physicians in leadership roles are willing to accomodate MD's with young children despite claiming to value families. I am a psychiatrist; my chairman said, while I was pregnant, what a wonderful thing it is to have a child yet was unwilling to brainstorm with me about innovative approaches to on-call coverage during my maternity leave - he saw nothing wrong with demanding I make up all my missed call despite the fact that much of my leave was unpaid. Also, when I expressed interest in research early in residency, I was told research was to be done "evenings + weekends" - above + beyond the long hours I worked. Some of my male colleagues - even one with young children, did do this.

My fantasy is that one day there will be a way to take time off for maybe even a few years without sacrificing your place in the career path you'd like to pursue. My experience right now, though, suggests it would be hard for me to step back into the really high-powered academic world I was trained in and part of for a short while.

COMMENTS

"Advancing career" in your questions implies a hierarchical progression that doesn't match my experience in medicine. If I didn't have children I might have had more energy to pursue ~~things~~ that could have led to more responsibility in new areas of interest - I might have been able to make more of an impact in the way things are run, but I suppose these things may come when my children are older.

Working > than "full time" when you've got a baby at home is awful. A heartbreak. I love being a doctor, I love my patients, I'm good at what I do, but I had no idea ~~what~~ how huge the ~~was like.~~ I don't regret my choices, but there has been pain involved in trying to do both. This was not a choice about career vs. home, it was ~~economic~~ economics. It was harder than I expected. Being a doctor has been as good as I'd hoped for. Being a mother is much, much more wonderful (and difficult) than I ever dreamed. Now I am a widow, beginning to long for adult partnership again and I have no time to even begin thinking about it. I feel a bit bitter about this.

45. What are some of the things that would have made the balance between your career and your family easier?

I think I'm pretty lucky. I have a fulfilling & interesting part-time job & am able to spend a lot of time with my child & husband. Living near work also enables me to spend more time doing what I want.

I do feel, however, that since I work part-time →

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

Plan a career that meets your professional interests but allows you flexibility with the career/family balance. I don't think that many people know exactly what they want until they have children. — ~~Some women~~ e.g. how much time they want to spend in child care, how much time they wish to spend at their job, are they willing to compromise their career development for family/personal needs, etc. Having alternatives enables one to find the best fit for herself, her career & family.

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COMMENTS

my options for advancement are limited. It's a compromise that I was willing to make so that I can spend time with my young son. However, I do sometimes feel frustrated with these limitations. Hopefully, in the future, as more women become physicians, part-time & shared positions will become common & more accepted. Additionally, one's credibility as a committed professional would not be doubted because one attempts to balance family & career commitments.

\/\/\/

One problem for me & for the female residents/physicians ~~[illegible]~~ during their pregnancies is complications of pregnancy. If a woman has medical problems of pregnancy there is often little flexibility in back-up & support for the time she might need to take off from work. Just like maternity leave, co-workers can become resentful of the extra hours "the system" makes them work to replace the pregnant or post-partum colleague. ~~[illegible]~~

45. What are some of the things that would have made the balance between your career and your family easier?

Knowing when to say no at work.

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

(1.) You must decide early on if you want to have children. If so, then pick an area that allows for some slack if you want to work a bit less when your kids are young. (2.) Don't ever expect your male colleagues who are parents themselves to understand why you can't make it to those 5 pm meetings. Remember they get home to watch TV and eat, you race home as early as possible to be w/ the kids you haven't seen all day, prepare dinner and do 100 other things. (3.) Learn to set limits at

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Dear Ruth,

If you have another survey, other questions, I want to do an interview - whatever this is all about very dear to my heart so -

I would like to help.
Good luck.

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COMMENTS

work even if that slows your advancem
there. So maybe you won't be
Associate Professor before 40 – big
deal – at least your kids will ha
benefited from having their mo
around. Believe me, when its all sa
+done, its your kids that will
Tell your life, not that extra paper
you wrote. ④ Once you have decide
to cut back at work – remember al
ways that being a good mother
doesn't mean that your I.Q.
drops – you can return to being
that bright super-aggressive set
10 yrs later when your 4 yr
old is 14 and perfect it when
you set have late. ⑤ Something
must GIVE – its the truth! a
my opinion and life choice is/
was to let work yield a bit –
you must choose that route for
happy well-adjusted kids. ⑥ A
good well-paid nanny is a mus

45. What are some of the things that would have made the balance between your career and your family easier?

My 2nd job after training, requiring a relocation to CT for my husband's job, initially promised to employ me part time after my 1st maternity leave, then reneged when it was due to return to work. Fortunately I found a convenient locum tenens position and parlayed that into a part time permanent position, increasing my hours from 16 to 24/wk* after the birth of my 2nd child.

* + night/weekend call
2 night/week and every 5th wk

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

When I was preparing for medical school and throughout my training, I very much wanted to pursue the best program with no regard to personal sacrifice. I assumed my satisfaction would come from having as fulfilling a career as possible. Fortunately I was not ready to become a mother in my 20's. I took for granted that I could become a mother if & when I was ready.

For my thirties, having met my mate, the urge of motherhood became quite strong. It was very unsettling and disappointing to face the fact that we might not become both parents.

Having overcome infertility and become a mother my children are the most important component of life satisfaction for me. That said, it was not

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An easy transition to get off the "fast track" (Harvard med school/teaching hospital/academic-clinical research path) first to move for my marriage - then to change jobs again to work part time. It has taken some time to accept the career compromises I have made. I do that by trying to be rigorously honest with myself - no longer can I work 80-100 hrs/week without regard for others - nor do I want to. In oncology, that would definitely spell burn out for me.

The part time road is filled with potential roadblocks - bias from the med. establishment has also other staff pts. I overcome them by the evidence that I provide superb clinical care and have assembled a great team with oncology nursing + physician assistant - and sometimes grudging help from M.D. colleagues - to provide a "seamless" clinical practice. Pts and docs never feel uncovered." I do make myself available by beeper on my off-hours

My advice would be to do what makes you happy - you've earned that right + you'll be a better MD (less burn out) + person for it.

Lobby for more flexibility in maternity leave + part time training positions - Women + their mates should not be forced to postpone childbearing

Dying patients have taught me to prioritize my time: they never say "I could have worked more" - rather I wish I'd spent more time with my family, friends etc.

45. What are some of the things that would have made the balance between your career and your family easier?

① Flexible scheduling during training to allow for early morning day-care drop-off.

② In-hospital day care - a place I could have visited during the day (or a place to continue to nurse an infant once I was back to work.).

③ Sick child day care. The times when I was called at work to pick-up an ill child proved the most stressful - the worry of what was wrong with my child, the guilt of having to give my work to someone else to do and the anxiety of not knowing how long it would last. In addition, emergency babysitting services were exorbitantly expensive - ($14-$15/hr.).

46. What advice would you give to the generation of women currently in medical training about motherhood and medicine?

①. Do not apologize for being a mother - take time, if possible, during work to do the things that mothers who work at home do.

BUT:

② Know the rules of the game of medicine - e.g. "I have an appointment at 4 pm, can we re-schedule for tomorrow" not - "I have to pick my child up at day care, I'll have to re-schedule."

③ Have children and support other women in medicine who have or are going to have children.

④ Support fathers in medicine, e.g. "Yes, I can cover for you while you're at your parent-teacher conference."

⑤ From the beginning of residency on, your life only gets busier, so have your children now, because there will never be an optimal time.

⑥ A good day care/babysitter is invaluable. Invest in it - it will be the smartest money you ever spent.

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COMMENTS

① Though medical training did not stop me from having a child, it did limit the size of my family. We had our first child when I was 35yrs. Because I and my husband began ~~a~~ new jobs a few (3) years later, we were late in "getting started" on a second child. Though we would like to have a 2nd child, and are having infertility ~~measures~~ measures to date, it may be that it won't happen.

② My experience as a mother in medicine has been a good one. But, I must admit that my partner in the whole thing deserves alot of the credit. We both raise our daughter. Between the two of us, we equally ~~share~~ share responsibilities — He has left work as often as I have for "child emergencies". In addition, I think he supports the women ~~in~~ mothers in medicine ~~in~~ in his department as a result of his experience as a father in medicine.

③ I think it is important for mothers in medicine to always keep in mind that we are in this career for the "long haul." There will be "productive" times and there will be "not-so-productive" times. Work hard when you can work hard, but support your family/children when they need support. Most of our careers will be 30-40 years long - think hard about what you want to accomplish in that time, but "pace yourself"!

Ruth —
Good luck with your study - I'll enjoy hearing about the results — yrs! '85

COMMENTS

I have been very fortunate to have a supportive husband and a wonderful child – I only wish I had 2 more children! I think this was the sacrifice to career, which was unconscious at the time but the inevitable result of delaying pregnancy.

I know many other physicians who have been through horrendous w/u for infertility and I'm grateful I didn't have to endure that in order to get pregnant.

Perhaps it is easier to pursue a career in a subspecialty like Radiology which does not have such a direct relationship with patients. However, I feel my academic career has suffered while my son was pre-school – I much admire the many women physicians at Yale who are pursuing their academic careers – but I know the cost is late-night work isolating one from one's spouse! One cannot put one's child anything other than first in the priorities – very difficult to balance one's child's needs with that of the spouse.. I don't feel that it is one's actual clinical work that suffers, but the "peripherals" – academic & administrative duties.

A 30 hour day might help... I would do it again.

Thanks for the opportunity to comment. Please mail your respondents with the analysis!!

18. Please place a mark on the line graphs below measuring the extent to which you agree or disagree with the following statements.

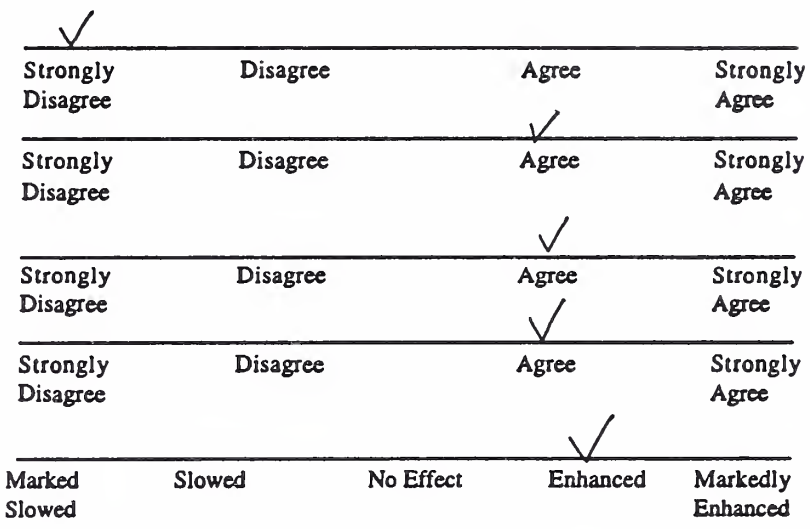
a. I am better able to care for my patients than my female colleagues with children

b. I am able to advance more quickly in my career than my female colleagues with children.

c. Overall, I am satisfied with my career as a physician.

d. Overall, I am satisfied with my home and family life.

e. Overall, how has not having children affected your career progress?



19. Please estimate the number of hours spent engaged in the following activities in an average week.

Family

10 Being with spouse/partner

0 Caring for parents or other family member

Household

5 Chores (laundry, shopping, cooking etc.)

5 Management (bills, investments, etc)

4 Chauffeuring/Commuting

Friends/Community

0 Civic activities/politics

0 Volunteer activities/charity

4-8 Visiting with friends/family

School

20 ~~40~~ Lecture/school activities

20 Studying

Work

0 Patient care

20 Research/writing

0 Teaching

0 Administration

Leisure

2 Reading/writing

2 Exercising

0 Pets

5 Watching TV/Movies/Theatre

2 Other hobbies

20. Please describe any other ways in which your career as a physician has impacted the design of your family or your life.

I became pregnant during my surgery clerkship and after many long hours of thinking and discussion with my partner, we decided a child would affect my career & life in general. I had a terminati

Please feel free to comment on any other aspect of your life as a woman and a physician on the blank back page of this survey.

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Thank you very much for your time and consideration.

As a man, I probably would have been able to continue my career w/o having to decide whether or not to have a family.

46. What are some of the things that would make the balance between your career and your family easier?

(1) Financial ability to have a highly functional live-in nanny
(2) Continuing to emphasize research over patient care (frames is considerably more flexible)
(3) Shorter commutes

Note - all these points aim at increasing my time at work → Frankly if both parents are career-building, having children will significantly affect balance between career/family - there is nothing 'easy' or "easier" about it - often the solution is to focus on adjusting parental priorities/expectations -- some external factors can be D'd, but often these do not the most satisfying solutions. For example, changes in Mom's or Dad's expectations for a certain career pathway may be more fruitful than moving next door to a daycare center, across the street from the hospital.

47. What advice would you give to other women currently in medical training about motherhood and medicine?

(1) Can't do it alone - must have spouse/other family member who can share with you daily efforts and the frequent unexpected problems.
(2) Crucial to acknowledge that while you can probably successfully do both - both will suffer to variable degrees + the career-while progressing, will do so at a slower rate. Full speed ahead in career undoubtedly means you will miss important parental responsibilities. One must balance the two such that one's children are empowered by one's career, not overshadowed by it - if one can't respect children enough to develop this balance, one should not have kids.
(3) Will be hard to find mentors who have children + a medical career and do it well - consider looking outside of medicine.
(4) Don't get overly concerned about the biological time clock

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(5) Truism: "There is no good time."

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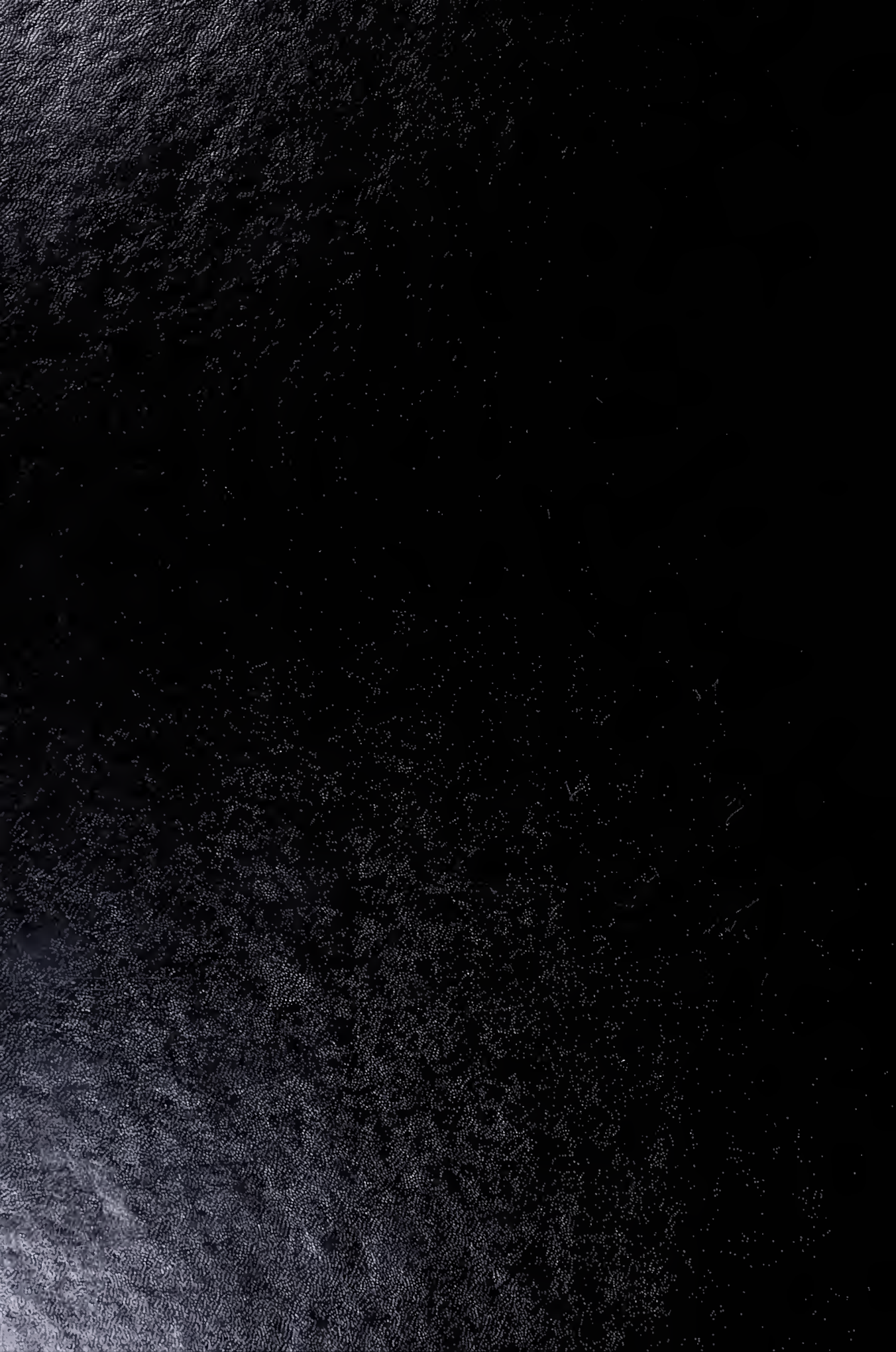
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